

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-23-2002 90082 021 ***150.00

DOCUMENT # P01000084887

1. Entity Name
AUTANA CORPORATION

Principal Place of Business
8180 NW 36 ST SUITE 230
MIAMI FL 33166

Mailing Address
8180 NW 36 ST SUITE 230
MIAMI FL 33166

36447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6502 S.W. 114 AVE.

3. Mailing Address
6502 S.W. 114 AVE.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
02-0538739

Applied For
 Not Applicable

Zip
33173

Country
USA

Zip
33173

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, EDUARDO S
8180 NW 36 ST STE 230
MIAMI FL 33166

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **DPTS** Delete
MEJIA-ALBA ANDREA C
 STREET ADDRESS **URB. EL CASTANO CONJUNTO RESIDENCIAL EL**
 CITY-ST-ZIP **SAMAN CASA 3 VENEZUELA**

TITLE
 NAME **D, P, T, S** Change Addition
MICIELI ALBA
 STREET ADDRESS **6502 S.W. 114 AVE.**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE
 NAME Delete

TITLE
 NAME Change Addition

TITLE
 NAME Delete

TITLE
 NAME Change Addition

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 NAME Change Addition

TITLE
 NAME Delete

TITLE
 NAME Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alba Andres Miceli
 Director

Date _____ Daytime Phone # _____

CR2E034 (9/01)