2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P02000066209

1. Entity Name

THE AMERICAN SUNHOUSE, INC.



Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90106 016 ***158.75

FILED

Principal Place of Business

820 SOUTH HOLLY BROOK DR., NO. 105 PEMBROKE PINES FL 33025

Mailing Address

820 SOUTH HOLLY BROOK DR., NO. 105

PEMBROKE PINES FL 33025



2. Principal Place of Business Mailing Address 1206 NE 1639 street Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 0460868 0.3Not Applicable N. MIAMIBEACH Zin Country \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARAZI, BETINA Street Address (P.O. Box Number is Not Acceptable) 820 SOUTH HOLLY BROOK DR., NO. 105 PEMBROKE PINES FL 33025 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PVSD** Change Addition TITLE TITLE □ Detete ARAZI, BETINA NAME NAME 820 SOUTH HOLLY BROOK DR., NO. 105 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE TD Change ☐ Addition TD Delete TITLE MARCOS ARAZI MARCOS, ARAZI NAME NAME GOROSTIAGA 1749 820 SOUTH HOLLY BROOK DR., NO. 105 STREET ADDRESS STREET ADDRESS ARGENTINA BUENOS AIRES 1426. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Addition ☐ Change TITLE ☐ Delete O'SHEA, MARCELO ANDRES NAME 1206 NE 163RD STREET STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 eath; 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 10 or Block 11 if n aderess, with all other like empowered.

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