

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019734

1. Entity Name

NAMIAN CORP.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90313 014 ***150.00

Principal Place of Business

C/O 1149 S.W. 27TH AVE.
SUITE 305
MIAMI FL 33135-4700
US

Mailing Address

C/O 1149 S.W. 27TH AVE.
SUITE 305
MIAMI FL 33135-4700
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0414266

Applied For

Not Applicable

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

HEVIA, JORGE JR
2050 CORAL WAY
SUITE 509
MIAMI FL 33135

Name MELO, William M.

Street Address (P.O. Box Number is Not Acceptable)

3018 N.W. 79th Avenue

City MIAMI

FL 33122

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 P
NAME VERAS, PEDRO M
STREET ADDRESS 3018 N.W. 79TH AVE.
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME SCHWERY, ROLAND
STREET ADDRESS 3018 N.W. 79TH AVE.
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE VT
NAME MURMANN, Christian
STREET ADDRESS 3018 N.W. 79th AVE
CITY-ST-ZIP MIAMI FL ☐ Change ☒ Addition

TITLE S
NAME PREVIDOLI, MADELEINE
STREET ADDRESS 3018 N.W. 79TH AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP Miami, 03.05.01 305.477.2723

CHRISTIAN MURMANN

0618538

CR2E034 (10/00)