

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90190 042 \*\*\*150.00

**DOCUMENT # P96000002292**

1. Entity Name

VOSU CO.

Principal Place of Business

PO BOX 273644  
 BOCA RATON FL 33427  
 US

Mailing Address

PO BOX 273644  
 BOCA RATON FL 33427  
 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

65-0632892

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOSU, GUIDO  
 5700 CAMINO DEL SOL 404  
 BOCA RATON FL 33433

Name

VOSU GUIDO

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

6339 LA COSTA DRIVE #E

City

BOCA RATON

FL

Zip Code

33433

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

VOSU GUIDO D

4/25/02

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, 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: D  Delete  
 NAME: VOSU, GUIDO  
 STREET ADDRESS: 5700 CAMINO DEL SOL 404  
 CITY-ST-ZIP: BOCA RATON FL 33433

TITLE: D  Change  Addition  
 NAME: VOSU GUIDO  
 STREET ADDRESS: 6339 LA COSTA DR E  
 CITY-ST-ZIP: BOCA RATON FL 33433

TITLE: V  Delete  
 NAME: VOSU, HALJA  
 STREET ADDRESS: 5700 CAMINO DEL SOL 404  
 CITY-ST-ZIP: BOCA RATON FL 33433

TITLE: V  Change  Addition  
 NAME: VOSU HALJA  
 STREET ADDRESS: 6339 LA COSTA DR E  
 CITY-ST-ZIP: BOCA RATON FL 33433

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

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

4/25/02 561-3619356

Date

Daytime Phone #

CR2E034 (9/01)