**FILED** 

Feb 11, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT #

P96000080956

## **Secretary of State** 1. Entity Name CANSTAR (U.S.A.), INC. 02-11-2002 90076 011 \*\*\*158.75 Principal Place of Business Mailing Address 4000 SW 72 AVE. -4900 SW 72 AVE: #308-<del>-#300</del>--MIAMI FL 33155-MIAMI FL 33155 US. HS 2. Principal Place of Business 3. Mailing Address 1629 NW 82nd Avenue 629 NW 82nd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0704902 Miami, Florida <u>Miami, Florida</u> Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 33126 Fee Required 33126 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Embury, Paul EMBURY, PAUL Street Address (P.O. Box Number is Not Acceptable) 4960 SW 72 AVE STE 308 -<u>1629 NW 82nd Avenue</u> **MIAMI FL 33155** Zip Code 33126 Miami, 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 applica (NOTE: Registered Agent signature required when re-9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PCD** (9/01)TITLE ☐ Delete TITLE PCD Change Addition EMBURY, PAUL NAME NAME EMBURY, PAUL STREET ADDRESS <del>-4980 SW 72 AVE STE 308 -</del> CR2E034 STREET ADDRESS 1629 NW 8nd Avenue Miami, Florida 33126 MIAMI FL 33155 -CITY-ST-ZIP CITY-ST-ZIP DDE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS A 14. C. A . . . CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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