2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700002954 1. Entity Name

BLAZE OVERSEAS (USA) CORP.

Principal Place of Bu	usiness	Mailing Address				
777 BRICKELL AVE. STE 500 MIAMI FL 33131		777 BRICKELL AVE. STE 500 MIAMI FL 33131-2803				
2. Principal Place of Business		3. Mailing Address	S			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

FILED May 04, 2000 8:00 am Secretary of State 05-04-2000 90129 032 ***150.00



DO NOT WRITE IN THIS SPACE

SIMON, HELMUT 777 BRICKELL AVE. STE 500 MIAMI FL 33131 Change Addition MAME M						i			
Special Country Special Co	City & Stat	e	City 8	& State	-	4. F	El Number 65-0740047		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Land Agent Ag									
CANTOR, STEVEN L 7777 BRICKELL AVE. STE 500 MIAMI FL 33131 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. 9. This corporation is eligible to eatility its intangible Tax filing requirement and elects to go so. (See criteria or back) 9. This corporation is eligible to eatility its intangible Tax filing requirement and elects to go so. 9. This corporation is eligible to eatility its intangible Tax filing requirement and elects to go so. 9. Added to Fass 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE SIMON, HELMUT 777 BRICKELL AVE. STE 500 11. Delea 11. D	Zip	Country	Zip		Country	5. 0			
CANTOR, STEVEN L TYTY BRICKELL AVE. STE 500 MAMI FL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered ugent, or both, in the State of Florida. SIGNATURE Signature, bywell or private name of implement agent and title if explication As filting requirement and election to ob so. Make Check Payable to Department of State SIGNATURE Signature, bywell or private name of implement agent and title if explication As filting requirement and election to ob so. Make Check Payable to Department of State SIGNATURE S		6. Name and Address of Curre	nt Registered	Agent		7. N	lame and Address of New Registered Ager	nt	
### City FL Zip Code City FL Zip Code		•		-	_ Name		. عاد العاد	-	- · -
### City FL Zip Code City FL Zip Code	CAN	ITOR, STEVEN L			Street Add	ress (P.O. Bo	ox Number is Not Acceptable)		
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, speed or printed name of registered agent and the if asolicable. (NOTE Registered Agent signature required when initiatating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (Marker MAY 1, 2000 Fee will be \$350.00 Marker MAY 1, 2000 Fee will be \$350.0		· · · · · · · · · · · · · · · · · · ·						_	
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 Plorida. Signature	MIAI	MI FL 33131							
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 Plorida. Signature					City			Zip Coo	de
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