2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000012109

City-St-Zip:

PEMBROKE PINES, FL 33025

Entity Name: AMASUA VARCHAN, INC.

FILED Apr 20, 2002 8:00 AM Secretary of State

| Current Principal Place of Business: | | | New Principal F | New Principal Place of Business: | | |
|---|--|--|--|--|---|--|
| | 99TH AVENUE KE PINES, FL | | | | | |
| Current Mailing Address: | | | New Mailing Ad | New Mailing Address: | | |
| P.O. BOX 69-4175 MIAMI, FL 332694175 | | | 600 S.W. 99TH AVENUE PEMBROKE PINES, FL 33025 | | | |
| FEI Number | : 65-0866198 | FEI Number Applied For () | FEI Number Not Applicable | Certificate of Status Desired () | | |
| Name and | d Address of (| Current Registered Agent: | Name and Addr | Name and Address of New Registered Agent: | | |
| 600 S.W. 9 | HERBERT E 99TH AVENUE KE PINES, FL | | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its regi | stered office or registered agent, or both | , | |
| SIGNATUI | RE: | | | | | |
| | Electro | nic Signature of Registered A | gent | Date | | |
| | | o satisfy its Intangible Tax filing re g Trust Fund Contribution (). | equirement and elects to do so () | (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | VARGAS, HER 600 S.W. 99TH | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | VARGAS, ANG 600 S.W. 99TH | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: | C (VARGAS, HER 600 SW 99TH | | Title: Name: Address: | () Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HERBERT E. VARGAS P 04/20/2002