## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P97000051449

1. Entity Name AUSSI HOLDINGS, INC.



Principal Place of Business 193632 STAR ISLAND DRIVE BOCA RATON FL 33498

Mailing Address 193632 STAR ISLAND DRIVE BOCA RATON FL 33498

							( <b>88 B</b> ) <b>6</b> ( <b>8</b> J) ( <b>8</b> J)	//#/  <b>                                 </b>
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State			4. 1	0271/2/324		Applied For
Zip	Country Zip		Country		5. (	Certificate of Status Desired	\$8.75 Fee Reg	Not Applicable Additional
	-6. Name and Address of Currer	t Registered Agent	ed Agent		. 7. N	- 7.: Name and Address of New Registered Agent		
SANTOMI - KARLS, LAURI				Name .				
	TAR ISLAND DR			Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33498				City				····
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.				City ——-			FL Zip C	
172 021194	tions of registered agent.	or the purpose of chart	igirig its registere	a office or regi	istered age	ent, or both, in the State of Florida.	am familiar wi	th, and accept
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	Agent signature req	quired when rei	Instating) D	ATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be ded to Fees
10.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARLS, AUSTIM 193632 STAR ISLAND DRIVE BOCA RATON FL 33498	FON EL 22408		T ADDRESS ST-ZIP			☐ Chang	
TITLE Name Street address City-St-Zip		_ Delet	NAME	T ADDRESS ST-ZIP			☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP	er disample. A	☐ Öelet	NAME	ADDRESS T-ZIP	•	: - <del>-</del>	⁻ ' [□ · Change	Addition
ITLE IAME STREET ADORESS STY-ST-ZIP		☐ Delete	NAME	ADDRESS T-ZIP	<del>, .</del>		☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	NAME	ADDRESS			Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

1-14-03

410-315-8144

Change

☐ Addition

**FILED** 

Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90031 049 \*\*\*150.00

Daytime P

Date

CR2E034 (10/02)