

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90203 041 ***150.00

DOCUMENT # P99000057480

1. Entity Name

ABRIC NORTH AMERICA, INC.

Principal Place of Business

**1300 SANDGRASS CORP PKWY
 SUITE 310
 SUNRISE FL 33323**

Mailing Address

**1300 SANDGRASS CORP PKWY
 SUITE 310
 SUNRISE FL 33323**

2. Principal Place of Business

1580 Sawgrass Corp pkwy

3. Mailing Address

1580 Sawgrass Corporate pkwy

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

Sunrise FL

City & State

Sunrise FL 33323

Zip

33323

Country

US

Zip

33323

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0930332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 1300 SANDGRASS CORP PKWY
 SUITE 310
 SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name

GT Maurer

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

1580 Sawgrass Corporate pkwy

Suite 310

Sunrise

FL

Zip Code

33323

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 of registered agent and title if applicable.

GP finance

(NOTE: Registered Agent signature required when reinstating)

4/18/02

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

TITLE **PD** ☐ Delete
 NAME **ONG, ENG-LOCK**
 STREET ADDRESS **ONE S.E. 3RD AVE., 28TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **TD** ☐ Delete
 NAME **SOONG, CHEE-KEONG**
 STREET ADDRESS **ONE S.E. 3RD AVE., 28TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SD** ☐ Delete
 NAME **KIRKAVICH, MICHAEL**
 STREET ADDRESS **550 STONE MORSE DRIVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE **D** ☐ Delete
 NAME **LUONG, DUNEK**
 STREET ADDRESS **1300 SAWGRASS CORP PKWY SUITE 310**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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NAME
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 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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GT Maurer

Date

Daytime Phone #

4/18/02 954 838 8065

CR2E034 (9/01)