

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # P99000090773

1. Entity Name

AUSLAND INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90014 017 ***400.00

06-19-2000 90003 045 ***150.00

Principal Place of Business

Mailing Address

527 BAY LANE
KEY BISCAVNE FL 33149

527 BAY LANE
KEY BISCAVNE FL 33149-1750

2. Principal Place of Business

527 Bay Lane

3. Mailing Address

P.O. Box 490315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

Country

Zip

Country

33149

33149

4. FEL Number

65-0963587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRANCE J. MULLIN, P.A.
2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DE CASABIANCA, GINETTE	
STREET ADDRESS	104 CRANDON BLVD. #315	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEVANO, ISABEL	
STREET ADDRESS	104 CRANDON BLVD. #315	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	OROZCO, GINETTE	
STREET ADDRESS	104 CRANDON BLVD. #315	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GINETTE DE CASABIANCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #