

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90074 006 ***550.00

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1. Entity Name
AUSLAND, INC.



Principal Place of Business
**527 BAY LANE
KEY BISCAIYNE FL 33149**

Mailing Address
**PO BOX 490315
KEY BISCAIYNE FL 33149**



2. Principal Place of Business
104 CRANDON BLVD

3. Mailing Address

Suite, Apt. #, etc.
315

Suite, Apt. #, etc.

City & State
KEY BISCAIYNE, FL

City & State

4. FEI Number **65-0963587**

Applied For
Not Applicable

Zip
33149

Country
U.S.A

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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 **GINETTE OROZCO**
Street Address (P.O. Box Number is Not Acceptable)
**104 CRANDON BLVD, SUITE 315
KEY BISCAIYNE FL 33149**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *GINETTE OROZCO*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D LIEVANO, ISABEL**
STREET ADDRESS **104 CRANDON BLVD. #315**
CITY-ST-ZIP **KEY BISCAIYNE FL 33149**

TITLE Change Addition

TITLE Delete
NAME **D OROZCO, GINETTE**
STREET ADDRESS **104 CRANDON BLVD. #315**
CITY-ST-ZIP **KEY BISCAIYNE FL 33149**

TITLE Change Addition

TITLE Delete

TITLE 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.

SIGNATURE: *GINETTE OROZCO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (10/02)