

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

DOCUMENT # P99000090773

1. Entity Name
AUSLAND INC.



Principal Place of Business
527 BAY LANE
KEY BISCAVNE FL 33149

Mailing Address
PO BOX 490315
KEY BISCAVNE FL 33149

2. Principal Place of Business
104 CRANDON BLVD

3. Mailing Address

Suite, Apt. #, etc.

315

Suite, Apt. #, etc.

City & State
Key Biscayne, 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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name GINETTE OROZCO

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

104 CRANDON BLVD, SUITE 315

City Key Biscayne

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (10/02)