

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11000

1. Entity Name

ALYSAB, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90114 032 ***150.00

Principal Place of Business

BOX N 4837
NASSAU, BAHAMAS -7000

Mailing Address

C/O BDPB
ONE S.E. THIRD AVENUE, 15TH FLOOR
MIAMI FL 33131-1700
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0226777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, BARRY
C/O BDPB
ONE S.E. THIRD AVENUE 15TH FLR
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 DPTS ☐ Delete
NAME LOURDIN, YVES
STREET ADDRESS CHARLOTTE HSE. SHIRLEY ST
CITY-ST-ZIP NASSAU BAHAMAS

TITLE VPD ☐ Delete
NAME LOURDIN, MATTY
STREET ADDRESS CHARLOTTE HOUSE CHARLOTTE ST.
CITY-ST-ZIP NASSAU BA

TITLE VP ☐ Delete
NAME BRANT, BARRY
STREET ADDRESS C/O BDPB 1 SE THIRD AVE 15TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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: Yves Lourdin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

March 23, 2000 (242) 326-3905

Date

Daytime Phone #

CR2E034 (9/99)