

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91104 014 ***158.75

548101



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01613

1. Entity Name

F C P CORPORATION OF MIAMI

Principal Place of Business

Mailing Address

2035 SW 103 COURT
 MIAMI FL 33165

P.O. BOX 653254
 MIAMI FL 33265

2. Principal Place of Business

Orlando

3. Mailing Address

Same ORLANDO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5156 Conroy Rd

5156 Conroy Rd. #1124

City & State

City & State

1124 - Orlando

Orlando

4. FEI Number

65-0141654

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 32811

U.S.A

FL 32811

U.S.A

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

MELENZ, CARLOS A.
2035 S.W. 103 COURT
MIAMI FL 33165

Name

Mendez Carlos A.

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

5156 Conroy Rd # 1124

City

Orlando

FL

Zip Code

32811

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

(NOTE: Registered Agent signature required when re-stating)

DATE

4/24/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MELENZ, CARLOS A 2035 S.W. 103 COURT MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MELENZ CARLOS A 5156 Conroy Rd. # 1124 ORLANDO FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition:
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition:

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APRIL 24, 2001

Daytime Phone #

(407) 438-1664 EXT 237
(8-5pm)

CR2E034 (10/00)