

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61565

1. Entity Name

FERNIN INTERNATIONAL CORPORATION

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90003 013 \*\*\*150.00

Principal Place of Business	Mailing Address
8209 NW 199 ST. 8209 NW 199TH ST. MIAMI FL 33015 US	% ADRIANO NINO M. 8209 NW 199TH ST. MIAMI FL 33015-5907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8209 NW 199 St.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI, FL.	
City & State	City & State
33015 U.S.A.	
Zip	Country

4. FEI Number	65-0195266	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NINO, ADRIANO 8209 NW 199TH ST. MIAMI FL 33015	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 <i>Adriano Nino</i> - ADRIANO NINO - PRESIDENT	4/10/00
Signature, typed or printed name of registered agent and title if applicable.	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS NINO, ADRIANO 8209 NW 199TH ST. MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP NINO, TANIA 8209 NW 199TH ST MIAMI FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Adriano Nino</i>	4/10/00	305-829-0587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)