

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90005 023 ***150.00

DOCUMENT # P94000002648

1. Entity Name
THE FABRE GROUP II, INC.

| | |
|--|--|
| Principal Place of Business 9404 N.W. 13TH STREET BAY 41 MIAMI FL 33172-2810 US | Mailing Address 9404 N.W. 13TH STREET BAY 41 MIAMI FL 33172-2810 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 65-0490389 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | City & State | 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| Zip | Country | Zip | Country |

6. Name and Address of Current Registered Agent

FABRE, ERNEST
9404 N.W. 13TH STREET.
BAY 41
MIAMI FL 33172

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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 |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|--|---|
| TITLE P | <input type="checkbox"/> Delete FABRE, ERNEST | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FABRE, ERNEST | NAME | |
| STREET ADDRESS | 9404 N.W. 13TH STREET., BAY 41 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> Delete FABRE, ALVARO | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FABRE, ALVARO | NAME | |
| STREET ADDRESS | 9404 N.W. 13TH STREET, BAY 41 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | CITY-ST-ZIP | |
| TITLE ST | <input type="checkbox"/> Delete KROSS, MIRIAM | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KROSS, MIRIAM | NAME | |
| STREET ADDRESS | 9404 N.W. 13TH STREET., BAY 41 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Ernesto Fabre **ERNESTO FABRE, PRES.** / 02.28.02 / 305-586-0172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)