2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 08, 2001 8:00 am DOCUMENT # **P94000040582 Secretary of State** 1. Entity Name FELL CORPORATION 03-08-2001 90007 004 ***150.00 Principal Place of Business Mailing Address 2330 NW 102 AVE 2330 NE 102 AVE MIAMI FL 33172 BAIL #1 00022597 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0501092 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELLO-VINCENTINI, GUILLERMO CASTRO, CARLOS A set Address (P.O. Box Number is Not Acceptable) 330 N.W. 102 AVE. UNIT BAY # 1 1001 S BAYSHORE DRIVE **SUITE 2410 MIAMI FL 33131** City MIAMI 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 🏯 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) BELLO-VICENTINI, GUILLERMO 8470 S.W. 83 Ct. ☐ Delete TITLE TITLE **BELLO-VINCENTINI, GUILLERMO** NAME STREET ADDRESS STREET ADDRESS 8440 SW 83 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** TITLE ☐ Delete TITLE M Change ☐ Addition CLORALT, NORMA NORMA, CLORAIT NAME NAME STREET ADDRESS STREET ADDRESS CALLE ALEJANDVO JIMENEZ SUR CITY-ST-ZIP CITY-ST-7IP CAGUA, VENEZUELA Delete □ Change Addition. TITLE NAME GONZALEZ-MIJARES, OSCAR NAME STREET ADDRESS STREET ADDRESS AVE. LA SALLE, URB. SUBUCAN CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE MARQUEZ, SONIA NAME NAME STREET ADDRESS STREET ADDRESS **CALLE 5 DR JULIO** CITY-ST-ZIP CITY-ST-ZIP EDIFICIO LAS CRMENRS, LV D ASSISTANT SECRETARY Delete TITLE TITLE BELLO, ALEXANORA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 addition, with all other like empowered.