2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # **P9700006671** 1. Entity Name F & M WHOLESALERS, INC. 08-17-2000 90574 039 ***150.00 Mailing Address Principal Place of Business 7294 NW 8TH ST 7294 NW 8TH ST MIAMI FL 33126 MIAMI FL 33126 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0719687 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARISSO, MANUEL A Street Address (P.O. Box Number is Not Acceptable) 4722 S.W. 5 STREET MIAMI FL 33134 City 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 protect name of 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 \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE ☐ Delete TITLE NAME ARISSO, RAUL M NAME STREET ADDRESS STREET ADDRESS 8451 GRAND CANAL DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 Delete TITLE Addition TITLE NAME ARISSO, MANUEL ANTONIO NAME STREET ADDRESS STREET ADDRESS 4722 SW 8TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL-33144~ Change ☐ Addition Delete TITLE NAME NAME ARISSA, CLARA STREET ADDRESS STREET ADDRESS 4722 SW 8TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE

13. I hereby certify that the information supplied with this filling 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.

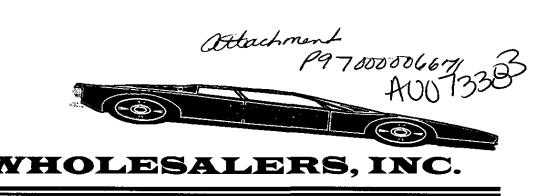
NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

PED OR PRINTED NAME OF SIG



7294 NW 8th St. Miami, Fl. 33176

To: Florida Department of State

Division of Corporations

Uniform Business Report Filings

August 07, 2000

Dear Sir or Madam,

Through this letter I am informing you that I have just recently received the 2000 Uniform Business Report and have been asked to pay a fee of \$550.00, which is above and beyond the regular fee. I believe this is due to the UBR being filed tardy, but the "second notice" was my first notice. Hence, I have enclosed a check for the original filing fee. If this is a problem or if you have any questions please give me a call or contact me via mail.

Thank you,

Manuel Arisso

Phone: 305-269-3900 Fax: 305-269-1006 FM1@MSN.COM