

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-05-2001 90072 031 ***150.00

0098271

DOCUMENT # P97000078516

1. Entity Name

MARIO & ALEX FERNANDEZ CORP.

Principal Place of Business

Mailing Address

6701 NW 169 STREET
 #B-203
 MIAMI FL 33015

6701 NW 169 STREET
 #B-203
 MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

6701 NW 169 st

6701 NW 169 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-203

B-203

City & State

Miami FL

City & State

Miami FL

Zip

33015

Country

USA

Zip

33015

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0782663

Applied For

Not Applicable

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

FERNANDEZ, MARIO
6701 NW 169 STREET
#B-203
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

Mario Fernandez

4-1-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** Delete
 NAME **FERNANDEZ, MARIO**
 STREET ADDRESS **6701 NW 169TH STREET #B203**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **FERNANDEZ, ALEX**
 STREET ADDRESS **5435 W 24TH AVENUE #42**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 address, with all other like empowered.

SIGNATURE:

Mario Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2001

Date

305-826-3363

Daytime Phone #

305-219-1748

CR2E034 (10/00)