

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90037 044 \*\*\*550.00

0023090 AV

**DOCUMENT # P97000078516**



1. Entity Name  
**MARIO & ALEX FERNANDEZ CORP.**

Principal Place of Business  
**6701 NW 169 STREET  
#B-203  
MIAMI FL 33015**

Mailing Address  
**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.  
**B-203**

Suite, Apt. #, etc.  
**B-203**

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number **65-0782663**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **33015** Country **DADE**

Zip **33015** Country **DADE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mario Fernandez* DATE **7-15-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003- Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, MARIO</b>	
STREET ADDRESS	<b>6701 NW 169TH STREET #B203</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, ALEX</b>	
STREET ADDRESS	<b>5435 W 24TH AVENUE #42</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARIO FERNANDEZ* DATE **7-15-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)