

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90084 020 ***150.00

9522810

DOCUMENT # P98000003717

1. Entity Name
FALCO SALES, INC.

Principal Place of Business 4970 SW 72ND AVE. SUITE #105 MIAMI FL 33155	Mailing Address 4970 SW 72ND AVE. SUITE #105 MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6800 S.W. 40 STREET	3. Mailing Address 6800 S.W. 40 STREET
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Suite, Apt. #, etc. # 111	Suite, Apt. #, etc. # 111
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
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4. FEI Number 65-0822317	Applied For <input type="checkbox"/> Not Applicable
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Zip 33155	Country	Zip 33155	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONAITA, ANDREA
4970 SW 72ND AVE, SUITE #105
MIAMI FL 33155

Name RUIZ, ENRIQUE
Street Address (P.O. Box Number is Not Acceptable) 6800 S.W. 40 STREET, #111
City MIAMI
State FL
Zip Code 33155

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. (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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONAITA, ANDREA 4970 SW 72ND AVE, SUITE #105 MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. ENRIQUE RUIZ 6800 S.W. 40 STREET, #111 MIAMI, FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBELLINI, DAVID L 4970 SW 72ND AVE, SUITE #105 MIAMI FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANCONA, ELIZABETH E 4970 SW 72ND AVE, SUITE #105 MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANCONA, ELIZABETH E 6800 S.W. 40TH STREET, # 111 MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elizabeth ANCONA Date: 03/07/01 Daytime Phone #: 305 662-7276

CR2E034 (10/00)