

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90156 045 ***158.75

DOCUMENT # S41304

1. Entity Name
FECHA, INC.

Principal Place of Business
3011 SOUTHWEST 67TH AVENUE
MIAMI FL 33155

Mailing Address
3011 SOUTHWEST 67TH AVENUE
MIAMI FL 33155

000306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4075 S.W. 83 Ave.
 Suite, Apt. #, etc.

3. Mailing Address
4075 S.W. 83 Ave.
 Suite, Apt. #, etc.

City & State
MIAMI, FL
 Zip
33155
 Country
USA

City & State
MIAMI, FL
 Zip
33155
 Country
USA

4. FEI Number **65-0306614**

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

DIAZ-PADRON, CARLOS
250 BIRD ROAD
SUITE 206
CORRAL GABLES FL 33146

Name **DIAZ-PADRON, CARLOS**
 Street Address (P.O. Box Number is Not Acceptable)
3911 S.W. 67 Ave.
 City **MIAMI** 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 *Miguel S. Feris per.* DATE 1-17-2001
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

TITLE	D <input type="checkbox"/> Delete
NAME	FERIS, MIGUEL E.
STREET ADDRESS	3011 SW 67 AVE.
CITY-ST-ZIP	MIAMI-FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4075 S.W. 83 AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Miguel S. Feris per.* DATE 1-17-2001 DAYTIME PHONE # 305-554-0353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)