

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082193

1. Entity Name

3F Corporation

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90081 008 ***150.00

Principal Place of Business

Mailing Address

10770 NW 66 Street
#507
Miami, FL 33178

SAME

2. Principal Place of Business

10770 NW 66 Street
Suite, Apt. #, etc.
507

3. Mailing Address

10770 NW 66 Street
Suite, Apt. #, etc.
507

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-1056833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0039943

6. Name and Address of Current Registered Agent

Registered Agent Corporation
1655 S. Bayshore Dr.
Miami, FL 33133

7. Name and Address of New Registered Agent

Name: Freddy Mogna-Cruz
Street Address (P.O. Box Number is Not Acceptable):
10770 NW 66 Street
#507
City: Miami, FL 33178 FL Zip Code: 33178

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

Freddy Mogna-Cruz

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

TITLE	P	<input type="checkbox"/> Delete
NAME	Freddy Mogna-Cruz	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete
NAME	Fernanda Suprani de Mogna	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete
NAME	Fernando Mogna-Suprani	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freddy Mogna-Cruz	
STREET ADDRESS	10770 NW 66 Street, #507	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernanda Suprani de Mogna	
STREET ADDRESS	10770 NW 66 Street, #507	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando Mogna-Suprani	
STREET ADDRESS	10770 NW 66 Street, #507	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Freddy Mogna-Cruz

March 23, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FREDDY MOGNA CRUZ

CR3E034 (11/00)