

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000015661

1. Entity Name
FAT INTERNATIONAL CORPORATION

Principal Place of Business C/O 1200 BRICKELL AVENUE #900 MIAMI FL 33131	Mailing Address C/O 1200 BRICKELL AVENUE #900 MIAMI FL 33131
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2. Principal Place of Business C/O AGI REGISTERED AGENTS, INC.	3. Mailing Address C/O AGI REGISTERED AGENTS, INC.
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Suite, Apt. #, etc. 1200 BRICKELL AVE., SUITE 900	Suite, Apt. #, etc. 1200 BRICKELL AVE., SUITE 900
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33131	Country	Zip 33131	Country
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4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AGIM REGISTERED AGENTS, INC.
 1200 BRICKELL AVENUE
 SUITE 900
 MIAMI FL 33131 US

7. Name and Address of New Registered Agent

Name
 AGI REGISTERED AGENTS, INC.
 Street Address (P.O. Box Number is Not Acceptable)
 1200 BRICKELL AVENUE
 SUITE 900
 City MIAMI FL Zip Code 33131

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 **ROBERT R. ADAMS, PRESIDENT** **04/30/2001**
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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	MENDOZA PEDRO		
STREET ADDRESS	C/O 1200 BRICKELL AVENUE #900		
CITY-ST-ZIP	MIAMI FL 33131		
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			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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			
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: **PEDRO MENDOZA** **D** **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)