

**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  
33131

FL

**Mailing Address**

C/O 1200 BRICKELL AVENUE #900

MIAMI  
33131

FL

**2. Principal Place of Business**

C/O AGI REGISTERED AGENTS, INC.

**3. Mailing Address**

C/O AGI REGISTERED AGENTS, INC.

Suite, Apt. #, etc.

1200 BRICKELL AVE., SUITE 900

Suite, Apt. #, etc.

1200 BRICKELL AVE., SUITE 900

City &amp; State

MIAMI

FL

City &amp; State

MIAMI

FL

Zip

33131

Country

Zip

33131

Country

**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

33131

US

FL

**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** ☐ Delete  
NAME **MENDOZA PEDRO**  
STREET ADDRESS **C/O 1200 BRICKELL AVENUE #900**  
CITY-ST-ZIP **MIAMI FL 33131**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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)