

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**PENDING**  
08-03-2004 90003 044 \*\*\*158.75  
641671

**FILED**

04 AUG 23 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**54066357**

DOCUMENT # 641671

1. Entity Name  
**FERMAC FORK LIFT SERVICES, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**10212 N.W. 80th Ave.**

3. Mailing Address  
**SAME AS ITEM 2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**HIALEAH GARDENS FL.**

City & State

4. FEI Number  
**59-1946556**

Applied For  
Not Applicable

Zip  
**33016**

Country  
**MIAMI DADE**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**MANUEL FIGUEIREDO**

Street Address (P.O. Box Number is Not Acceptable)  
**18650 Bobolink**

City  
**Miami Lakes**

FL Zip Code  
**33015**

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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

also Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FIGUEIREDO, MANUEL  
18650 Bobolink  
Miami Lakes, 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FIGUEIREDO, MANUEL  
18650 Bobolink  
Miami Lakes, Fl. 33015**

TITLE  
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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE**

*Manuel Figueiredo*

**Manuel Figueiredo Pres 7-30-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)