

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855088

1. Entity Name

FAG INTERAMERICANA A.G., INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90085 038 ***150.00

Principal Place of Business

8880 N.W. 20TH ST
SUITE A
MIAMI FL 33172

Mailing Address

8880 N.W. 20TH ST
SUITE A
MIAMI FL 33172-2636

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2247941

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

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, 2000 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 ☐ Delete
NAME S
STREET ADDRESS LUTRINGER, RICHARD E
CITY-ST-ZIP 2 OWENOKE PARK
WESTPORT CT

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 101 COMPO ROAD S.
CITY-ST-ZIP WESTPORT, CT 06880-5007

TITLE ☐ Delete
NAME VPT
STREET ADDRESS DITOMASO, GLNO
CITY-ST-ZIP 271 SHELTER ROCK ROAD
STAMFORD CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME MCCLOSKEY, JOHN
STREET ADDRESS 228 RIVER DRIVE
CITY-ST-ZIP SOUTHPORT NC

TITLE ☐ Change ☒ Addition
NAME P/D
STREET ADDRESS KUETEMEIER, DIETER
CITY-ST-ZIP 146 MILL ROAD
STAMFORD, CT 06903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Gino Di Tomaso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203 830 8200