

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855088

1. Entity Name

FAG INTERAMERICANA A.G., INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90023 009 ***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

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

DO NOT WRITE IN THIS SPACE



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, 2002 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 S ☐ Delete
 NAME LUTRINGER, RICHARD E
 STREET ADDRESS 101 CAMPO ROAD
 CITY-ST-ZIP WESTPORT CT 06880-5007

TITLE ☒ Change ☐ Addition
 NAME 101 CAMPO ROAD S
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE PD ☐ Delete
 NAME HEINZ DIETER, KUTEMEIER
 STREET ADDRESS 146 MILL ROAD
 CITY-ST-ZIP STAMFORD CT 06903

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

2038308208

Daytime Phone #

CR2E034 (9/01)