

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90377 027 ***150.00

DOCUMENT # F00000002552

1. Entity Name
FC GROUP, INC.

Principal Place of Business
**PMB-201-14629-SW-104TH-ST.
MIAMI-FL-33186**

Mailing Address
**PMB-201-14629-SW-104TH-ST.
MIAMI-FL-33186**

2. Principal Place of Business
**14629 SW 104 ST
Suite, Apt. #, etc.
#201**

City & State
MIAMI FL
Zip
33186-2905 Country
DADE

3. Mailing Address
**14629 SW 104 St #201
Suite, Apt. #, etc.
#201**

City & State
MIAMI FL
Zip
33186-2905 Country
DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0982199**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARMONA, FEDERICO
16032-SW-101 TERRACE
MIAMI-FL-33196-6164**

7. Name and Address of New Registered Agent

Name **CARMONA, FEDERICO**
Street Address (P.O. Box Number is Not Acceptable)
14629 SW 104th STREET #201
MIAMI
City **FL** Zip Code **33186-2905**

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 **FEDERICO CARMONA, DIRECTOR** **4-19-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	P	<input type="checkbox"/> Delete
NAME	OLIVEIRA, MARIA D	
STREET ADDRESS	PMB-201-14629-SW-104TH-STREET	
CITY-ST-ZIP	MIAMI FL 33186-2905	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARMONA, FEDERICO	
STREET ADDRESS	PMB-201-14629-SW-104TH-STREET	
CITY-ST-ZIP	MIAMI FL 33186-2905	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVEIRA, MARIA DE	
STREET ADDRESS	14629 SW 104th ST #201	
CITY-ST-ZIP	MIAMI FL 33186-2905	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA, FEDERICO	
STREET ADDRESS	14629 SW 104th ST #201	
CITY-ST-ZIP	MIAMI FL 33186-2905	
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: **MARIA DE OLIVEIRA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2001 **305-408-7115**
Date Daytime Phone #

CR2E034 (10/00)