

3/26/02-90050 031-\$150.00-\$150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F12104**

1. Entity Name
FLUORESCENT UNLIMITED, CORP.

Principal Place of Business
**6782 SW 69 AVE
MIAMI FL 33143
US**

Mailing Address
**6782 SW 69 AVE
MIAMI FL 33143
US**

FILED
02 OCT 22 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE, APT. #, ETC.

City & State

City & State

Zip

Zip

Country

4. FEI Number **59-2047515**

Applied For
Not Applicable

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

**SUAREZ, FERNANDO
6782 SW 69 AVE
MIAMI FL 33143**

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

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$850.00
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
STREET ADDRESS
CITY-ST-ZIP
**PT SUAREZ, FERNANDO
6782 SW 69 AVE
MIAMI FL 33143**

TITLE Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS SUAREZ, BEATRIZ
6782 SW 69 AVE
MIAMI FL 33143**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 837, 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 the employees.

SIGNATURE:

3/18/02

C22504 (9/02)

ORLW