

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90026 031 ***150.00

DOCUMENT # F21508

1. Entity Name
FIB-R-FIT, INC.

Principal Place of Business

**2387 NW 149TH STREET
 OPA-LOCKA FL 33054**

Mailing Address

**2387 NW 149TH STREET
 OPA-LOCKA FL 33054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2075947**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VERDESCA, ANTHONY
 2387 NW 149TH ST
 OPA-LOCKA FL 33054**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	LUACES, ALFREDO	
STREET ADDRESS	2387 NW 149TH ST	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BORRAJO, ORLANDO	
STREET ADDRESS	2387 NW 149TH ST	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VERDESCA, ANTHONY	
STREET ADDRESS	2387 NW 149TH ST	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VERDESCA, ARLEEN	
STREET ADDRESS	2387 NW 149TH ST	
CITY-ST-ZIP	OPA-LOCKA FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alfredo L. Luaces* **ALFREDO L. LUACES** Vice Pres **4/20/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)