

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90111 050 \*\*\*150.00

**DOCUMENT # G89280**

1. Entity Name  
**FIJER CORPORATION**

Principal Place of Business  
**7053 S. W. 47 ST.**  
**P O. BOX 55-7925**  
**MIAMI FL 33155**

Mailing Address  
**7053 S. W. 47 ST.**  
**P O. BOX 55-7925**  
**MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2395344**

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**

**ALVAREZ, BENEDICTO F.**  
**6767 COLLINS AVE APARTMENT 1010**  
**MIAMI FL 33141**

DEPARTMENT OF

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 NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPTM<br/>ALVAREZ, BENEDICTO, F<br/>6767 COLLINS AVE APT 1010<br/>MIAMI BEACH FL</b> | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SV<br/>ALVAREZ, ISABEL L DE<br/>3439 SW 65TH AVE.<br/>MIAMI FL</b>                  | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GONZALEZ, HERRANZ V<br/>AVE. DR. FLEMING 4<br/>CANET DE MAR BA</b>            | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|   |  |   |
|---|--|---|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Benedicto Alvarez* **02/20/2002** **(305) 6699375**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AV 606-1771

CR2E034 (9/01)