

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90047 008 ***158.75

DOCUMENT # H91137

1. Entity Name
F S M ENTERPRISES, INC.

Principal Place of Business 11767 S DIXIE HWY 101 MIAMI FL 33156 US	Mailing Address 11767 S DIXIE HWY 101 MIAMI FL 33156-4438 US
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2. Principal Place of Business 12601 OLD CUTLER ROAD Suite, Apt. #, etc.	3. Mailing Address 12601 OLD CUTLER ROAD Suite, Apt. #, etc.
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City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33156	Zip 33156
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2614070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA MAZA, GESUS JOHN 11767 S DIXIE HWY 101 MIAMI FL 33156	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12601 OLD CUTLER RD City CORAL GABLES FL Zip Code 33156	

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 Jesus S. SANCHEZ DE LA MAZA (For) DATE 4-21-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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, 2000 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE LA MAZA, GESUS JOHN		NAME		
STREET ADDRESS	12601 OLD CUTLER RD		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Jesus S. SANCHEZ DE LA MAZA DATE 4-21-00 DAYTIME PHONE # 305-663-578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)