

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 21 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J45063

1. Entity Name

POSAB COMMERCIAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

950 SW 87th Terrace

Suite, Apt. #, etc.

3. Mailing Address

950 SW 87th Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

59-2745113

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name VICTOR FERRUCHO

Street Address (P.O. Box Number is Not Acceptable)

950 SW 87th Terrace

City Plantation

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President  
NAME VICTOR FERRUCHO  
STREET ADDRESS 950 SW 87th Terrace  
CITY-ST-ZIP Plantation, FL 33324

TITLE VP  
NAME MARTHA ROSENDE  
STREET ADDRESS 621 NW 74th Ave  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE SD  
NAME Rene Ferrucho  
STREET ADDRESS 9304 NW 8th Circle  
CITY-ST-ZIP Plantation, FL 33324

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTOR FERRUCHO, President. 4-23-02 954-605-0601

CR2E034B (12/04)