

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90013 045 \*\*\*158.75

**DOCUMENT # K12803**

1. Entity Name

**FERNY-IMEX CORP.**

Principal Place of Business

Mailing Address

2242 W 79TH ST  
 HIALEAH FL 33016  
 US

2242 W 79TH ST  
~~DAY 10~~ **NO BAY**  
 HIALEAH FL 33016-5520  
 US

C0011256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0042594**

Applied For  
 Not Applied

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

**LUFFI, CARLOS A**  
**9828 N.W. 126TH TERRACE**  
**HIALEAH FL 33018**

Name **HUGO A. RIVERD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4671 NW BB AVE**  
 City **SUNRISE** **FL** Zip Code **33155**

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

**1/10/99**

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  Delete  
 NAME **PD RODRIGUEZ, ALICIA**  
 STREET ADDRESS **7505 W. E 35TH AVE.**  
 CITY-ST-ZIP **HIALEAH FL 33018**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD VALERA, ADRIANA**  
 STREET ADDRESS **6715 W 24TH CT #14**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE  Change  Addition  
 NAME **VICE PRES. HUGO A. RIVERD**  
 STREET ADDRESS **4671 NW. BBIL. AVE**  
 CITY-ST-ZIP **SUNRISE, FL. 33155**

TITLE  Delete  
 NAME **STD RODRIGUEZ, ALICIA**  
 STREET ADDRESS **7505 W. 35 TH AVE.**  
 CITY-ST-ZIP **HIALEAH FL 33018**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/00**

Date

**305 828-6031**

Daytime Phone #