

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90180 016 ***150.00

DOCUMENT # K12803

1. Entity Name
FERNY-IMEX CORP.



Principal Place of Business
**2242 W 79TH ST
HIALEAH FL 33016
US**

Mailing Address
**2242 W 79TH ST
BAY 40
HIALEAH FL 33016
US**

2. Principal Place of Business
3260 West 13 ave

3. Mailing Address
3260 West 13 ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL.

City & State
Hialeah, FL.

Zip
33012

Country

Zip
33012

Country

4. FEI Number **65-0042594**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARCIA, ROBERTO
1298 W 82ND ST
HIALEAH FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ALICIA	
STREET ADDRESS	7505 W. E 35TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, ROBERTO	
STREET ADDRESS	1298 W 82ND ST	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ALICIA	
STREET ADDRESS	7505 W. 35 TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33018	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando Sastre	
STREET ADDRESS	3260 West 13 ave.	
CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernando Sastre	
STREET ADDRESS	3260 West 13 ave.	
CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 11, 2003 305-828-6031

Date

Daytime Phone #

CR2E034 (10/02)