


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

**FILED**  
**2 Mar 28, 2003 8:00 am**  
**Secretary of State**  
03-28-2003 90110 004 \*\*\*150.00

DOCUMENT # K-76408  
1. Entity Name  
FERPO CORPORATION



**DO NOT WRITE IN THIS SPACE**

**90063497**

2. Principal Place of Business  
1717 WEST FLAGLER ST.  
Suite, Apt. #, etc.

3. Mailing Address  
1717 WEST FLAGLER ST.  
Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip 33135 Country

Zip 33135 Country

4. FEI Number  
65-0115579

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name  
FERNANDEZ JOSE C.

Street Address (P.O. Box Number is Not Acceptable)  
9891 S.W. 4 STREET

City MIAMI FL Zip Code 33174

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNANDEZ JOSE CARLOS 9891 S.W. 4 STREET MIAMI, FLORIDA 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ HILDA 9891 S.W. 4 STREET MIAMI, FLORIDA 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hilda Fernandez HILDA FERNANDEZ 3/12/03 (305) 649-7740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E034B (12/02)