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

FILED Feb 24, 2003 8:00 am Secretary of State

02-11-2003 90048 010 ***150.00

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DOCUMENT # L02000002016 1. Entity Name							02-10-20)03 901.	12 003 ****50).00	
FMF of America, LLC.							55009976				
	DO N	OT WRITE	IN THIS	SPAC	E		2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	7 <u>2</u>	ok.		
2. Principal Place of Business 6538 Crestmont Glane Lane			Mailing Address 6538 Crestmont Glane Lane			-	•				
Suite, Apt. *, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Windermere-FL			City & State Windermere-FL			4. F	El Number 03-0383	592	Applied For Not Applicat	nie .	
Zip Country 34786 USA		Zip 34786			5. C	5. Certificate of Status Desired S8.75 Additional Fee Required					
energy - Law a		معدد و المشاهرة معدد و المشاهرة				7. Nai	me and Address of Current Re			\dashv	
أستنطق المستاكات		ورخو بياس ومسار والمساودة		4	Name Lisb	eth Te	mini		man carrie	7	
DO NOT WRITE					Name: Lisbeth Termini Street Address (P.O. Box Number is Not Acceptable)					_	
IN THIS SP			ACE				tmont Glane Lane				
					City Winde	rmere-		FL	Zip Code 34786	7	
8. The above	titne bernan s	y submits this statement for	the purpose of changin	g its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and				34700	;-	
the obliga	tions of regist	tered agent.		Á.	-	_	·			`	
SIGNATURE	Lidal	da siste		Lisbeth -	l'emini		•	02/06/20	103		
	Signature, typed	or printed name of registered agent Bi	nd title if applicable.		Agent signature requir	ed when rain		DATE	103.	-	
January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR Is \$61.25							#. Election Campaign Financ	~	\$5.00 May Be	7	
	k Payable to	Florida Department of \$	State				* Trust Fund Contribution.		Added to Fees	-	
10.	T .	OFFICERS AND D	IRECTORS						-	┨	
TITLE NAME	MGRM		TITLE		l l					<u> </u>	
STREET ADDRESS F.M.F Construcciones, C.A.			alle 6-A		NAME STREET ADORESS					2	
Zona Industrial de Maturin Co					ST-ZIP					CR2E034B (12/02)	
TITLE		· ·		TITLE						- 第	
HAME				NAME					183		
STREET ADORESS CITY-ST-ZIP	1			STREE CITY-:							
TITLE					31- <i>L</i> IF					4	
MAME			TITLE NAME								
STREET ADDRESS				STREET AL		DO NOT WRITE		-	-		
CITY-ST-ZIP.					T-ZP	مع تر	<u> DO-NOT-W</u>	KIII		-	
TITLE NAME			i.	IMLE			IN THIS SP	PACE		7	
STREET ADDRESS			•	NAME	AODRESS		114 11110 01	701	M	j	
CITY-S1-ZIP				CITY-S			1			1	
TITLE				TITLE			,			4	
NAME				NAME							
STREET ADDRESS		_			ADDRESS					1	
ITLE			•	CITY-S	1-BF					_	
MAME	-	•		TITLE NAME	j					1	
TREET ADDRESS					ADDRESS						
ITY-ST-ZIP				CITY-ST			·				
of the corp	poration or the	information supplied with thi or supplemental report is tru a receiver or trustee empow ress, with all other like empo	ered to execute this re-	for the exemp it my signatur port as requir	otion stated in Se e shall have the s ed by Chapter 60	ction 119 same lega 07, Florida	.07(3)(i), Florida Statutes. I furth al effect as if made under oath; t a Statutes; and that my name ap	er certify that that I am an poears in Pi	at the information officer or director lock 10 or on an		
	ar a QQI	The series of the series	mereu.								

TERMINICO M. Truss. 02/06/2003
Date OR DIRECTOR

(407)876-4031 Deyline Phone #