

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51295

1. Entity Name  
FERNAN-DI ENTERPRISES CORP.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90223 008 \*\*\*150.00

Principal Place of Business  
7359 SW 24 STREET  
MIAMI FL 33155  
US

Mailing Address  
POB 145224  
CORAL GABLES FL 38134  
US

2. Principal Place of Business  
Same as ABOVE

3. Mailing Address  
Same

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.  
N/A

City & State  
N/A

City & State  
N/A

Zip  
N/A

Country  
N/A

Zip  
N/A

Country  
N/A

4. FEI Number 59-2803719

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FERNANDEZ, LEONOR  
6475 S.W. 25 TERR.  
MIAMI FL 33155

## 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.

SIGNATURE \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, LEONOR 6475 S.W. 25 TERR. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/2000 260-2125  
Date Daytime Phone #

CR2E034 (5/00)

attachment Doc # M51295  
A0674093

FERNAN-DI

ENTERPRISES, INC.

Division of Corporations  
Uniform Business Report  
P.O. Box 6327  
Tallahassee FL 32314

ATTN: Marie,  
I talked to Marie on August 10, 2000,  
because we receive a September 13, 2000, filing  
with Penalty. I told her we never received  
any form this year (usually come in January)  
and she told me to send to ~~this~~ address  
above with \$150.<sup>00</sup> payment.

Thank You we will appreciate;

Geonov Hernandez  
8/11/2000

7359 CORAL WAY \* MIAMI, FL 33155  
PHN. (305) 260-2125 \* FAX: (305) 260-2127