

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **NO20000002279**

1. Entity Name

F.E. Y ESPERANZA INTERNATIONAL CORP

FILED

03 NOV -3 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

308 FAIRVIEW AVENUE 308 FAIRVIEW AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS, FL

FORT MYERS

Zip

Country

Zip

Country

33905

USA

33905

4. FEI Number

54-2072510

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

William Parra

Street Address (P.O. Box Number is Not Acceptable)

308 FAIRVIEW AVENUE

City

FORT MYERS

FL

Zip Code

33905

**DO NOT WRITE
IN THIS SPACE**

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

10-28-03

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
WILLIAM PARRA
308 FAIRVIEW AVENUE
FORT MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**700021268307
07/02/03--01020--001 **\$9.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
WILLIAM-SAMUEL PARRA
308 FAIRVIEW AVENUE
FORT MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
WILLIAM CRESPO
29 SE 23 PL
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
RUBIELA STELA SAAVEDRA
308 FAIRVIEW AVENUE
FORT MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**700021268307
11/03/03--01088--013 **\$167.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-29-03

Date

Daytime Phone #

CR2E037B (12/01)