


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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90207 043 ***150.00

| | |
|--------------------------------|---|
| DOCUMENT # N02000005303 |  |
| 1. Entity Name FUSIHOM CORP | |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 11021 NW 16 ST Suite, Apt. #, etc. | 3. Mailing Address 11021 NW 16 ST Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|------------------------------------|------------------------------------|---|--------------------------------|
| City & State PEMBROKE PINES, FL | City & State PEMBROKE PINES, FL | 4. FEI Number 22-3870507 | Applied For Not Applicable |
| Zip 33026 | Country | Zip 33026 | Country |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 retreating)

DATE

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
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ARCINIEGAS MAURICIO 11021 NW 16 ST PEMBROKE PINES FL 33026 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ARCINIEGAS MERY VEGA 1631 NW 73 RD WAY HOLLYWOOD, FL 33021 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ARCINIEGAS-LUZ-MERY 8521 NW 19 ST PEMBROKE PINES FL 33024 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CORREA JAIR M 1631 NW 73 RD WAY WAY HOLLYWOOD FL 33021 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

CR2E037B (12/02)

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

05/07/03

Date

Daytime Phone #