

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

0044738 SP

**DOCUMENT # P00000001464**

1. Entity Name  
**FANY CORP.**

02-04-2002 90110 003 \*\*\*150.00

Principal Place of Business

**12941 SW 177TH STREET  
 MIAMI FL 33186**

Mailing Address

**12941 SW 177TH STREET  
 MIAMI FL 33186**



2. Principal Place of Business

**6769 SW 104 Court**

3. Mailing Address

**6769 SW 104 Court**

Suite, Apt. #, etc.

**Miami, Florida 33173**

Suite, Apt. #, etc.

**Miami, Florida 33173**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0971710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTELLANOS, EMELINO  
 12941 SW 177TH STREET  
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

**Castellanos, Emelino**

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

**6769 SW 104 Court**

City

**Miami**

**FL**

Zip Code

**33173**

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

*Emelino Castellanos*

**1-15-02**

Signature, typed or printed name of registered agent and title if applicable

(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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **D** ☐ Delete  
 NAME **CASTELLANOS, EMELINO**  
 STREET ADDRESS **12941 SW 177TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **CASTELLANOS, EMELINO**  
 STREET ADDRESS **6769 SW 104 Court**  
 CITY-ST-ZIP **Miami, Florida 33173**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ARLEEN GAMAZO**  
 STREET ADDRESS **6231 SW 151 Place**  
 CITY-ST-ZIP **Miami, Florida 33193**

TITLE **D** ☐ Change ☒ Addition  
 NAME **LEONIDES CASTELLANOS**  
 STREET ADDRESS **6769 SW 104 Court**  
 CITY-ST-ZIP **Miami, Florida 33173**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SELDO GAMAZO**  
 STREET ADDRESS **6231 SW 151 Place**  
 CITY-ST-ZIP **Miami, Florida 33193**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-02**

**305-275-6768**

Date

Daytime Phone #

CR2E034 (9/01)