2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

with an address, with all other like empowered.

NATURE AND TYPED OR PRINT

D NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P0000009076 1. Entity Name FERRAZ, INC. 04-28-2001 90034 004 ***150.00 Principal Place of Business Mailing Address 22780 SOUTHWEST 65TH TERRACE 22780 SOUTHWEST 65TH TERRACE **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 0978558 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 8. The above named 🖍 ty submits this statement to 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. ▢ Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSD** Change Change ☐ Delete TITLE FERRAZ LUCIANO 959 SE 2ª Avenue Apt.#111 SERRAZ, LUCIANO NAME NAME 22780 SOUTHWEST 65TH TERRACE STREET ADDRESS STREET ADDRESS Deerfield Beach-FL-33441 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** FERRAZ, SIMENE ☐ Delete TITLE TITLE SERREZ. SIMONE NAME NAME 959 SE 24 AVENUE Apt. #111 Decrfield Beach-FL-33441 22780 SOUTHWEST 65TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33428** CITY-ST-ZIP TITLE --- Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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