

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90035 031 ***158.75

DOCUMENT # P00000009222

1. Entity Name

FADE CITY CORP.

Principal Place of Business

8360 NW 103 ST. #204
 HIALEAH FL 33016

Mailing Address

8360 NW 103 ST. #204
 HIALEAH FL 33016

2. Principal Place of Business

8186 NW 103 St

3. Mailing Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

N/A

Zip

Country

33016 **U.S.**

Zip

Country

N/A

N/A

4. FEI Number

65-0990276

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, JORGE
8360 NW 103 ST. #204
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

N/A

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

N/A

City

N/A

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

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	MENENDEZ, JORGE	
STREET ADDRESS	8360 NW 103 ST. #204	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SERRANO, SOLEDAD	
STREET ADDRESS	8360 NW 103 ST. #204	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

Date

Daytime Phone #

558-6900
698-9900
823-6260

CR2E034 (10/00)