

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90137 016 \*\*\*150.00

DOCUMENT # P00000017320

1. Entity Name

FUENTES & BURCH INC.

Principal Place of Business

1351 SW 8TH STREET  
MIAMI FL 33135

Mailing Address

1351 SW 8TH STREET  
MIAMI FL 33135

2. Principal Place of Business

1915 SW 3<sup>rd</sup> Ave

Suite, Apt. #, etc.

3. Mailing Address

1915 SW 3<sup>rd</sup> Ave

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

4. FEI Number

65-0982261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUENTES, ROSANA  
1351 SW 8TH STREET  
MIAMI FL 33135

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D FUENTES, ROSANA  
STREET ADDRESS 1351 SW 8TH STREET  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☒ Change ☐ Addition  
NAME D ROSANA F. Brijba  
STREET ADDRESS 1915 SW 3<sup>rd</sup> Ave  
CITY-ST-ZIP miami, FL 33129

TITLE ☐ Delete  
NAME D MARSDEN, KAROL  
STREET ADDRESS 1351 SW 8TH STREET  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☒ Change ☐ Addition  
NAME D Karol Marsden  
STREET ADDRESS 1915 SW 8<sup>th</sup> Ave  
CITY-ST-ZIP miami, FL 33129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

1/31/01 (305) 858-5590

Date

Daytime Phone #

CR2E034 (10/00)