

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90061 042 ***150.00

0291019 AV

DOCUMENT # P00000019062

1. Entity Name
FAIRWAY TRADING CORP.

Principal Place of Business 1704 S.W. 100TH AVENUE MIAMI FL 33165	Mailing Address 1704 S.W. 100TH AVENUE MIAMI FL 33165
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2. Principal Place of Business 2980 S.W. 141st Ct.	3. Mailing Address 2980 S.W. 141st Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami - Florida	City & State Miami - Florida
Zip 33175	Zip 33175
Country USA	Country USA

4. FEI Number APPLIED FOR 65-0984564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GLENNON, DANIEL B~~
~~1704 S.W. 100TH AVENUE~~
~~MIAMI FL 33165~~

7. Name and Address of New Registered Agent

Name **MANUEL A. Remedios**
 Street Address (P.O. Box Number is Not Acceptable)
2980 S.W. 141st Ct.
 City **Miami** - FL Zip Code **33175**

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 *Manuel A. Remedios* **Manuel A. Remedios** **03/30/02**
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 3, 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	PD	<input type="checkbox"/> Delete
NAME	GLENNON, DANIEL B	
STREET ADDRESS	1704 S.W. 100TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL A. Remedios	
STREET ADDRESS	2980 S.W. 141st Court,	
CITY-ST-ZIP	Miami - FL 33175	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL E. Remedios	
STREET ADDRESS	2980 S.W. 141st Court,	
CITY-ST-ZIP	Miami - FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Manuel A. Remedios* **Manuel A. Remedios, President.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)