## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2001 8:00 am DOCUMENT # $P_{000000}$ 20 683 Secretary of State 05-22-2001 90625 035 \*\*\*158.75 FERRUM Design Group, INC. Principal Place of Business 905 Brickell Bay Dr. #926 905 Brickell Bay Dr. #926 MIAMI-FL 33131 MiAMI-FL 33131 553116 2. Principal Place of Business 7540 NW 70+H ST 3. Mailing Address 7540 NW 70# ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0990363 City & State MiAMi - FL City & State Applied For MIAMI-FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.5.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOKYS-MARTINEZ - Dorys MARTÍNEZ 14804 SW 72 H Terrace MiAMI - FL 33193 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, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS PRESIDENT President Eduando BALDA 905 Brickell Bay Dr. #926 Change ■ Addition ☐ Delete TITLE ANAMARILIS PALOMERA 7540 NW 70 ST NAME STREET ADDRESS STREET ADDRESS Miami-FL 33166 Director CITY-ST-ZIP CITY-ST-ZIP MIAMI - FL 33131 Change Addition ☐ Delete Edwardo Balda 7540 NW 70 St NAME STREET ADDRESS STREET ADDRESS MIAMI- FL 33166 CITY-ST-ZIP CITY-ST-ZIP Change - Addition Delete -TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITt E Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(ANAMARILIS PALOHERA) 04/20/01

FILED