

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90088 048 ***158.75

DOCUMENT # P00000023273

1. Entity Name
SHOMER E' MET, INC.



Principal Place of Business
339 SW 18 TERR
MIAMI FL 33129

Mailing Address
PO BOX 330103
COCONUT GROVE FL 33233-0103

2. Principal Place of Business
420 SW 87 Place

3. Mailing Address
420 SW 87 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala

City & State

Ocala FL

Zip

Country

34476

USA

Zip

Country

34476

USA

4. FEI Number **65-0991014**

Applied For
☒ **Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

DE FUENTES, LOUISE Faciponti
339 SW 18 TERRACE
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

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

420 SW 87 Place

City **Ocala**

FL

Zip Code

34476

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Louise E. Faciponti de Fuentes **Louise E. Faciponti de Fuentes** **4-6-03**
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS (\$150.00)

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **FUENTES, EDUARDO A**
STREET ADDRESS **PO BOX 330103**
CITY-ST-ZIP **COCONUT GROVE FL 33233-0103**

TITLE ☒ **Change** ☐ **Addition**
NAME **420 SW 87 Pl**
STREET ADDRESS **Ocala FL 34476**
CITY-ST-ZIP

TITLE **VD** ☐ **Delete**
NAME **REYES, HAYDÉE PINO**
STREET ADDRESS **339 SW 18 TERRACE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☒ **Change** ☐ **Addition**
NAME **420 SW 87 PL**
STREET ADDRESS **Ocala FL 34476**
CITY-ST-ZIP

TITLE **STD** ☐ **Delete**
NAME **FACIPONTI DE FUENTES, LOUISE E**
STREET ADDRESS **PO BOX 330103**
CITY-ST-ZIP **COCONUT GROVE FL 33233-0103**

TITLE ☐ **Change** ☐ **Addition**
NAME **420 SW 87 A**
STREET ADDRESS **Ocala FL 34476**
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
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louise E. Faciponti de Fuentes **Louise E. Faciponti de Fuentes** **4-6-03** **352-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **425-0396**

CR2E034 (10/02)