

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036097

1. Entity Name

FREGON SERVICES, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90095 025 ***150.00

Principal Place of Business

9511 FONTAINEBLEAU BLVD., #511
MIAMI FL 33172

Mailing Address

9511 FONTAINEBLEAU BLVD., #511
MIAMI FL 33172

New Address

2. Principal Place of Business

69 NE 49 ST.

3. Mailing Address

69 NE 49 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33137

Country

U.S.A

Zip

33137

Country

U.S.A

4. FEI Number

65-0997630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMAS, MAIRA
9511 FONTAINEBLEAU BLVD., #511
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name MAIRA ARMAS

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

69 NE 49 ST.

City

Miami

FL

Zip Code

33137

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

1/11/01

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 PSD
NAME ARMAS, MAIRA ☐ Delete
STREET ADDRESS 9511 FONTAINEBLEAU BLVD., #511
CITY-ST-ZIP MIAMI FL 33172

TITLE VTD
NAME FIORENELLI, GUIUSEPPA ☒ Delete
STREET ADDRESS 9511 FONTAINEBLEAU BLVD., #511
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME MAIRA ARMAS ☐ Change ☐ Addition
STREET ADDRESS 69 NE 49 ST.
CITY-ST-ZIP MIAMI FL 33137

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

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

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

TITLE ☐ Change ☐ Addition
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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

MAIRA ARMAS

Date

Daytime Phone #

1/11/01 (305) 2185151

CR2E034 (10/00)