2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ED OR PRINTED NAM

Mar 13, 2001 8:00 am DOCUMENT # P0000036203 **Secretary of State** FREMAR INTERNATIONAL, CORP. 03-13-2001 90316 026 ***150.00 Principal Place of Business Mailing Address 1824 SALERNO CIRCLE 1824 SALERNO CIRCLE WESTON FL 33327 WESTON FL 33327 UUU440/0 3. Mailing Address 2. Principal Place of Business 3834 (restwood Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Çity & βtate 65-1001088 Not Applicable \$8.75 Additional 5. Certificate of Status Desired soward MR Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACINTER CORPORATION Box Number is Not Acceptable 15279 NW. 7TH STREET PEMBROKE PINES FL 33028 City 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. March 9/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) **Delete** ☐ Addition TITLE TIT) F Change NAME PRESTON, FREDIE A NAME STREET ADDRESS. STREET ADDRESS 1824 SALERNO CIRCLE CITY-ST-ZIP CITY-ST-7IP WESTON FL 33327 Delete TITLE ☐ Addition TITLE NAME_ JIMENEZ, MARLEN A NAME STREET ADDRESS STREET ADDRESS 1824 SALERNO CIRCLE Crestwood Circle CITY-ST-7IP CITY-ST-ZIP WESTON FL 33327 TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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)(1), 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 attaching method with lary address, with all other like empowered.