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2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

02 MAY -8 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000036203

1. Entity Name

FREMAR INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
3834 CRESTWOOD CIRCLE WESTON FL 33331	3834 CRESTWOOD CIRCLE WESTON FL 33331

2. Principal Place of Business	3. Mailing Address
3834 CRESTWOOD CIRCLE	3834 CRESTWOOD CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33331 / Country: BROWARD	Zip: 33331 / Country: BROWARD

4. FEI Number: 65-1001088 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRESTON, FREDDIE 3834 CRESTWOOD CIRCLE FORT LAUDERDALE FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	Change / Addition
NAME	WESTON, FL 33331	NAME	
STREET ADDRESS	3834 CRESTWOOD CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	WESTON, FL 33331 (Delete)	CITY - ST - ZIP	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	(Delete)	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	(Delete)	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	(Delete)	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	(Delete)	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	Change / Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	(Delete)	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	Change / Addition

CR2E034 (9/99)

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] 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature]