

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90009 035 \*\*\*550.00

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<b>DOCUMENT # P00000053599</b>			
<b>1. Entity Name</b> FERBLANC, INC.			
<b>Principal Place of Business</b> <del>9905 N.W. 88TH AVENUE</del> <del>MEDLEY FL 33178</del>		<b>Mailing Address</b> <del>9905 N.W. 88TH AVENUE</del> <del>MEDLEY FL 33178</del>	
<b>2. Principal Place of Business</b> 8422 NW. 70 ST.		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FLORIDA		<b>City &amp; State</b>	
<b>Zip</b> 33166	<b>Country</b> MIAMI, DADE	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>FERNANDEZ, FELIX ARMANDO</b> <b>9905 N.W. 88TH AVENUE</b> <b>MEDLEY FL 33178</b> <i>8422 NW. 70 ST.</i> <i>MIAMI, FL 33166</i>		<b>Name</b>	
		<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
		<b>City</b> <b>FL</b> <b>Zip Code</b>	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<b>PSD FERNANDEZ, FELIX ARMANDO</b>		
<b>CITY-ST-ZIP</b>	<del>9905 N.W. 88TH AVENUE</del> <del>MEDLEY FL 33178</del>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>			
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<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>PSD FERNANDEZ, FELIX ARMANDO</b>		
<b>CITY-ST-ZIP</b>	<b>8422 N.W. 70 ST.</b> <b>MIAMI, FL 33166</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>VICE-PRES. FRANK, FELICE</b>		
<b>CITY-ST-ZIP</b>	<b>8422 N.W. 70 ST.</b> <b>MIAMI, FL 33166</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>DIRECTOR RAFAEL DELGADO</b>		
<b>CITY-ST-ZIP</b>	<b>8422 NW 70st.</b> <b>MIAMI, FL 33166</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>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.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i>		<b>8/8/01 (305) 5999663</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (5/01)