

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078738

1. Entity Name
FEDASA, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91321 029 ***150.00

Principal Place of Business
4453 N.W. 97TH AVE.
MIAMI FL 33178

Mailing Address
4453 N.W. 97TH AVE.
MIAMI FL 33178

2. Principal Place of Business
2500 S.W. 107 AV.
Suite, Apt. #, etc.
49

3. Mailing Address
P.O. Box 720083
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33165

Country
US

Zip
33172-002

Country
US

4. FEI Number
65-1043990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
E & V GREAT PROFESSIONAL, INC.
5545 S.W. 8TH STREET
SUITE 107
MIAMI FL 33134

7. Name and Address of New Registered Agent
Name
DORYS MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
2500 SW 107 AV. Ste. 49
City
MIAMI
FL
Zip Code
33165

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PVSD JUAREZ, CASIANO E	4453 N.W. 97TH AVE.	MIAMI FL 33178	<input type="checkbox"/>
	TD GONZALEZ, SANDRA	4453 N.W. 97TH AVE.	MIAMI FL 33178	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
2-23-01
Daytime Phone #

CR2E034 (10/00)