

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080649  
Entity Name  
FOBA SUPPLIES, INC

FILED

01 MAY 10 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400004221124--9  
-05/16/01--01130--009  
\*\*\*\*150.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
24455 S.W. 127th Ave SAE  
Miami FL 33032  
Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 65-103 5031 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ERICK R FORERO  
24455 SW 127th Ave  
Miami FL 33032

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

| OFFICERS AND DIRECTORS                                                                                   |                                                   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |    |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|----|
| 11. Pd<br>ERICK FORERO<br>24455 SW 127th Ave<br>Miami FL 33032<br><input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |    |
| 11. Sd<br>PATRICIA BARRERA<br>24455 S.W. 127th Ave<br>MIAMI, FL 33032<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |    |
| <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |    |
| <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |    |
| <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |    |
| <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | SP |

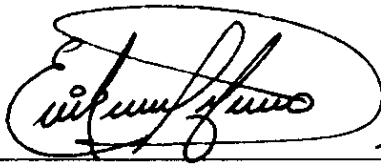
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 lines empowered.

SIGNATURE: [Signature] 5/9/01 305 2589529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **FOBA SUPPLIES, INC.** Thank you for your courtesy in this matter.

A handwritten signature in black ink, enclosed within an oval shape. The signature appears to read 'Erick R Forero' in a cursive script.

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**ERICK R FORERO**  
**PRESIDENT**