FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04 MAY 18 AM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080649

1. Entity Name
FOBA SUPPLIES, INC

DO NOT WRITE IN THIS SPACE

300037626603
06/03/04--01038--002 **300.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4119 N.W. 2nd Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33127 Country: USA	Zip Country

4. FEI Number 65-1035031 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lester CARDOSO

Street Address (P.O. Box Number is Not Acceptable)

4119 N.W. 2nd Ave

City: Miami, FL FL Zip Code: 33127

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	Pol
NAME	LESTER CARDOSO
STREET ADDRESS	4119 N.W. 2nd Ave
CITY-ST-ZIP	Miami, FL 33127
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 and 2004 or any other notice from the Division of Corporations in respect with the Corporation **FOBA SUPLLIES, INC.**

Thank you for your courtesy in this matter.

LESTER CARDOSO
PRESIDENT