

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080984

1. Entity Name

FECORSA MANAGEMENT CORPORATION

Principal Place of Business

1401 PONCE DE LEON BLVD SUITE 402
CORAL GABLES FL 33134

Mailing Address

1401 PONCE DE LEON BLVD SUITE 402
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BUCELO, ARMANDO J JR
1401 PONCE DE LEON BLVD SUITE 401
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Sofia Powell-Cosio

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

1390 Brickell Avenue

Suite 200

City

Miami

FL

Zip Code

33131

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

Sofia Powell-Cosio

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) ☐

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 **D** ☐ Delete
NAME **FEBRES-CARDERO, JAIME**
STREET ADDRESS **1401 PONCE DE LEON BLVD SUITE 402**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **Jaime Febres Cordero**
STREET ADDRESS **1401 Ponce De Leon Blvd., Suite 402**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **DVPS** ☐ Change ☒ Addition
NAME **Eduardo Gomez**
STREET ADDRESS **1401 Ponce De Leon Blvd., Suite 402**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Gomez, VP

4/23/01

Date

(305) 446-4499

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90109 021 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)