

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90059 035 \*\*\*158.75

DOCUMENT # P00000090246

1. Entity Name

FALCON INTERNATIONAL INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3941 Osprey Court

3941 Osprey Court

City & State  
WESTON FLORIDA

City & State  
Weston Florida

Zip  
33331

Country

Zip  
33331

Country

4. FEI Number

65-1050167

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Monica Herrera

Street Address (P.O. Box Number is Not Acceptable)  
3941 Osprey Court

City: Weston

FL

Zip Code: 33331

**DO NOT WRITE  
IN THIS SPACE**

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, 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

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	President
NAME	Monica Herrera
STREET ADDRESS	3941 Osprey Ct
CITY - ST - ZIP	Weston, FL 33331
TITLE	V, D
NAME	Mauricio Duque
STREET ADDRESS	3941 Osprey Ct
CITY - ST - ZIP	Weston, FL 33331
TITLE	
NAME	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AP 19/2002 9546600379

CR2E034B (12/01)