

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90035 004 ***150.00

DOCUMENT # P00000093698

1. Entity Name

FIEERO DESIGN CONSULTANTS, INC.

Principal Place of Business

3000 S.W. 3RD AVE #905
MIAMI FL 33129

Mailing Address

3000 S.W. 3RD AVE #905
MIAMI FL 33129

2. Principal Place of Business

3000 SW 3RD AVE

Suite, Apt. #, etc.

905

City & State

MIAMI FLORIDA

Zip

33129

Country

USA

3. Mailing Address

3000 SW 3RD AVE

Suite, Apt. #, etc.

905

City & State

MIAMI FLORIDA

Zip

33129

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1044870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPRIKIN, RAUL
3000 S.W. 3RD AVE #905
MIAMI FL 33129

Name

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

City

FL

Zip Code

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PRESIDENT/SECRETARY
STREET ADDRESS RAUL POPRIKIN
CITY-ST-ZIP 3000 SW. 3RD AVE. MIAMI, FL 33129

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

TITLE ☐ Delete
NAME TREASURER
STREET ADDRESS GILDA POPRIKIN
CITY-ST-ZIP 3000 SW 3RD AVE. MIAMI, FL 33129

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

01/28/01
Date

305-905-8403
Daytime Phone #

CR2E034 (10/00)