

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103082

1. Entity Name
FEDORA, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90927 026 ***150.00

Principal Place of Business
**1800 NE 114TH ST STE 601
MIAMI FL 33161**

Mailing Address
**1800 NE 114TH ST STE 601
MIAMI FL 33161**

2. Principal Place of Business

**1000 Quayside Terrace
Suite, Apt. #, etc.
#11609**

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33138 Country
USA

4. FEI Number

65-1051337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COBO, BLANCA M
C/O KISLAK NATIONAL BANK
13470 NW 7TH AVE
MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name

Same as listed
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 **Blanca Mesto**
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FEDER, RANDI
1800 NE 114TH ST STE 601
MIAMI FL 33161** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
COBO, ANA
1000 QUAYSIDE TERR STE 1609
MIAMI FL 33138** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Feder, Randi
3370 NE 190 Street
Aventura FL 33180** ☒ Change ☐ Addition

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

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

Date

Daytime Phone #

CR2E034 (10/00)

0230002