

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108030

1. Entity Name

~~ONACKY ENTERPRISES, INC.~~

F.A.D. ENTERPRISES, INC.

Principal Place of Business

2103 CORAL WAY
SUITE 201
MIAMI FL 33145

Mailing Address

2103 CORAL WAY
SUITE 201
MIAMI FL 33145

2. Principal Place of Business

2222 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 302

3. Mailing Address

1016 S.W. 13th Ct.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Miami, FL

Zip
33134

Country
Dade

Zip
33135

Country
Dade

FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AEDO, ELVIRA

2103 CORAL WAY
SUITE 301
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
Aedo, Elvira

Street Address (P.O. Box Number is Not Acceptable)
1016 S.W. 13th Ct.

City
Miami

FL

Zip Code
33135

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

Elvira Aedo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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, 2002 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 PD ☐ Delete
NAME AEDO, ELVIRA
STREET ADDRESS 2103 S.W. CORAL WAY 5TH FLOOR
CITY-ST-ZIP MIAMI FL 33145

TITLE VS ☐ Delete
NAME DAGO, RENE
STREET ADDRESS 2103 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

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 PD ☒ Change ☐ Addition
NAME AEDO, ELVIRA
STREET ADDRESS 1016 S.W. 13th Ct.
CITY-ST-ZIP Miami, FL 33135

TITLE VPS ☒ Change ☐ Addition
NAME Dago, Rene
STREET ADDRESS 2222 Ponce de Leon Blvd, Ste 302
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME 500005538395--9
STREET ADDRESS -05/15/02--01072--011
CITY-ST-ZIP *****158.75 *****158.75

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

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

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 information empowered.

SIGNATURE:

Elvira Aedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

305-PSF-3409

Daytime Phone #

CRZE034 (9/01)

FILED

02 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA