

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90488 043 \*\*\*150.00

**DOCUMENT # P01000009584**

1. Entity Name

**FAMCO EXPORT, INC.**

Principal Place of Business

**3920 B CORAL SPRING DR  
 CORAL SPRING FL 33065**

Mailing Address

**3920 B CORAL SPRING DR  
 CORAL SPRING FL 33065**

2. Principal Place of Business

**1918 NW 104 Ave.**

3. Mailing Address

**P.O. Box 770625**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS FL**

City & State

**CORAL SPRINGS FL**

4. FEI Number

**65-1092770**

Applied For

Not Applicable

Zip

**33071**

Country

**USA**

Zip

**33071**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HUGHES, MAURICE**

**3920 B CORAL SPRING DR  
 CORAL SPRING FL 33065**

7. Name and Address of New Registered Agent

Name

**HUGHES, MAURICE**

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

**1918 NW 104 Ave.**

**CORAL SPRINGS**

**FL**

Zip Code

**33071**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-10-02**

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	<input type="checkbox"/> Delete
NAME	HUGHES, MAURICE	
STREET ADDRESS	3920 B CORAL SPRING DR	
CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHES, MICHAEL	
STREET ADDRESS	7737 GRANDVIEW BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	STD	<input type="checkbox"/> Delete
NAME	URGENT, MARIE	
STREET ADDRESS	3920 B CORAL SPRING DR	
CITY-ST-ZIP	CORAL SPRING FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1918 NW 104 Ave.	
CITY-ST-ZIP	CORAL SPRING FL 33071	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1918 NW 104 Ave.	
CITY-ST-ZIP	CORAL SPRING FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-02 (954) 341-0297**

Date Daytime Phone #

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

April 28, 2002

FAMCO EXPORT, INC.  
PO BOX 770625  
CORAL SPRINGS, FL 33071

Subject: FAMCO EXPORT, INC.

Reference Number: P01000009584

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/TM  
ANNUAL REPORTS SECTION