

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90171 033 ***150.00

DOCUMENT # P01000015435

1. Entity Name

FERMOT INTERNATIONAL, INC.



Principal Place of Business
888 BRICKELL AVE. 5 FLOOR
MIAMI FL 33131

Mailing Address
888 BRICKELL AVE. 5 FLOOR
MIAMI FL 33131

2. Principal Place of Business

9450 SW 72 ST
Suite, Apt. #, etc.
103

3. Mailing Address

9450 S.W. 72 ST
Suite, Apt. #, etc.
103

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

Zip

33173

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1081511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SAEZ, PEDRO P
888 BRICKELL AVE. 5 FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
RALPH M. SERRANO

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

9450 SW 72 ST. #103

City

MIAMI

FL

Zip Code

33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DE-FERNANDEZ, IMELDA MOTA
STREET ADDRESS 17 AVE 10-73 ZONA 15 VH III
CITY-ST-ZIP GUATEMALA CITY GUATEMALA CA

TITLE D ☐ Delete
NAME FERNANDEZ GARIN, ALFONSO
STREET ADDRESS 17 AVE 10-73 ZONA 15 VH III
CITY-ST-ZIP GUATEMALA CITY GUATEMALA CA

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT, SECRETARY ☒ Change ☐ Addition
NAME DE-FERNANDEZ, IMELDA MOTA
STREET ADDRESS 17 AVE 10-73, ZONA 15 VH III
CITY-ST-ZIP GUATEMALA CITY, GUATEMALA

TITLE VP ☒ Change ☐ Addition
NAME FERNANDEZ GARIN ALFONSO
STREET ADDRESS 17 AVE 10-73, ZONA 15 VH III
CITY-ST-ZIP GUATEMALA CITY, GUATEMALA

TITLE DIRECTOR ☐ Change ☒ Addition
NAME FERNANDEZ MOTA CARLA GARIN
STREET ADDRESS 17 AVE 10-73, ZONA 15 VH III
CITY-ST-ZIP GUATEMALA CITY, GUATEMALA

TITLE TREASURER ☐ Change ☒ Addition
NAME FERNANDEZ MOTA MARIA DEL PIAR
STREET ADDRESS 17 AVE 10-73, ZONA 15 VH III
CITY-ST-ZIP GUATEMALA CITY, GUATEMALA

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

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

12. 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 10 or Block 11 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 (10/02)