

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038153

1. Entity Name
FERGOCIRA, INC.Principal Place of Business
2333 BRICKELL AVENUE, #2710
MIAMI FL 33129Mailing Address
2333 BRICKELL AVENUE, #2710
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

0001051 R2

 Applied For
 Not Applicable5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA LOPEZ, JORGE L
395 ALHAMBRA CIRCLE
SUITE 301
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Francisco F. GONZALEZ RAMIREZ

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

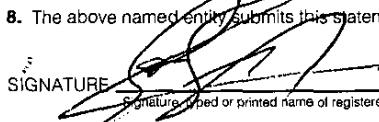
2333 Brickell Avenue #2710

City: Miami

FL

Zip Code: 33129

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)

3/28/02

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 State10. Election Campaign Financing Trust Fund Contribution.

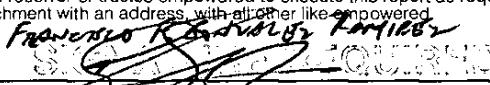
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: CIUFFARDI, FERNANDO G
STREET ADDRESS: 2333 BRICKELL AVENUE, #2710
CITY-ST-ZIP: MIAMI FL 33129 DeleteTITLE: VP-SR
NAME: FERNANDO CIUFFARDI
STREET ADDRESS:
CITY-ST-ZIP: Change AdditionTITLE: D
NAME: GONZALEZ RAMIREZ, FRANCISO F
STREET ADDRESS: 2333 BRICKELL AVENUE, #2710
CITY-ST-ZIP: MIAMI FL 33129 DeleteTITLE: P-TR
NAME: FRANCISCO GONZALEZ RAMIREZ
STREET ADDRESS:
CITY-ST-ZIP: Change AdditionTITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: Change AdditionTITLE: Delete
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CITY-ST-ZIP:TITLE:
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STREET ADDRESS:
CITY-ST-ZIP: Change AdditionTITLE: Delete
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STREET ADDRESS:
CITY-ST-ZIP:TITLE:
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STREET ADDRESS:
CITY-ST-ZIP: Change AdditionTITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: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 other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

705-838-6650

Daytime Phone #

01200610

AV

CR2E034 (9/01)