

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90044 038 \*\*\*150.00

0199062 AV

DOCUMENT # P01000038153

1. Entity Name

FERGOCIRA, INC.

Principal Place of Business

2333 BRICKELL AVENUE, #2710  
MIAMI FL 33129

Mailing Address

2333 BRICKELL AVENUE, #2710  
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

000150 RSR

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

DO NOT WRITE IN THIS SPACE

## 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)

DATE

3/18/02

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 D  
 NAME CIUFFARDI, FERNANDO G ☐ Delete  
 STREET ADDRESS 2333 BRICKELL AVENUE, #2710  
 CITY-ST-ZIP MIAMI FL 33129

TITLE D  
 NAME GONZALEZ RAMIREZ, FRANCISCO F ☐ Delete  
 STREET ADDRESS 2333 BRICKELL AVENUE, #2710  
 CITY-ST-ZIP MIAMI FL 33129

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 VP-ISA  
 NAME FERNANDO GONZALEZ - CIUFFARDI ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP (To correct spelling)

TITLE P-TL  
 NAME FRANCISCO GONZALEZ RAMIREZ ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP (To correct spelling)

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

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 like empowered.

SIGNATURE:

Francisco Ramirez Ramirez  
 SECRETARY OF STATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

705-138-6650

Daytime Phone #

CR2E034 (9/01)