

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P01000045536			
1. Entity Name FAMESA INC.			
Principal Place of Business 1943 MADISON STREET, #2 HOLLYWOOD, FL. 33020		Mailing Address 1943 MADISON STREET, #2 HOLLYWOOD, FL. 33020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1093968		Applied For <input type="checkbox"/> Additional <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75		Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AVNERY, SAM 16352 NE 12 AVENUE NORTH MIAMI BEACH, FL. 33162		Name RUIZ, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 1943 MADISON STREET, APT. #2 City HOLLYWOOD	
		FL Zip Code 33020	
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 <i>X Francisco Ruiz</i>		FRANCISCO RUIZ, NEW REGISTERED AG 4/16/2002 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$650.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR <input checked="" type="checkbox"/> Delete NAME RUEZ, FRANCESCO STREET ADDRESS 16352 N.E. 12 AVENUE CITY - ST - ZIP NORTH MIAMI BEACH, FL. 33162	TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME RUIZ, FRANCISCO STREET ADDRESS 1943 MADISON STREET, APT. #2 CITY - ST - ZIP HOLLYWOOD, FL. 33020		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3000005451309-9 -05/06/02--01002--025 ***158.75 ***158.75	
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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: <i>Francisco Ruiz</i>		FRANCISCO RUIZ 4/16/2002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)