

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000054684**

1. Entity Name
FIDELITY RESOURCES III, INC.

Principal Place of Business
**4960 SOUTHWEST 72ND AVENUE, SUITE 205
MIAMI FL 33155**

Mailing Address
**4960 SOUTHWEST 72ND AVENUE, SUITE 205
MIAMI FL 33155**

FILED
Apr 10, 2002 8:00 am
Secretary of State

01-30-2002 90013 006 ***150.00

23230



DO NOT WRITE IN THIS SPACE

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

65-1109687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOKOR, BRUCE H
911 CHESTNUT STREET
CLEARWATER FL 33756**

Name

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

City

FL

Zip Code

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

10. 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	C.F.O.	<input type="checkbox"/> Delete
NAME	Carlos Delgado	
STREET ADDRESS	4960 SW 72 Ave suite 205	
CITY-ST-ZIP	Miami FL 33155	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Alex Marrero	
STREET ADDRESS	4960 SW 72 Ave suite 205	
CITY-ST-ZIP	Miami FL 33155	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	James Harper	
STREET ADDRESS	150 Palmetto Road	
CITY-ST-ZIP	Belle air, Florida 33756	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Bruce A. Bokor	
STREET ADDRESS	911 Chestnut street	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	Jose Lamas	<input type="checkbox"/> Delete
NAME	C.O.O.	
STREET ADDRESS	336 Costa Brava Court	
CITY-ST-ZIP	Miami FL 33143	
TITLE	treasurer	<input type="checkbox"/> Delete
NAME	David Flynn	
STREET ADDRESS	1717 N. Bayshire Drive # 1231	
CITY-ST-ZIP	Miami FL 33132	

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 (305) 867-8444

CR2E034 (9/01)