

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2002 90023 018 ***150.00

DOCUMENT # P01000055699

1. Entity Name
F & D AMERICA CORPORATION

Principal Place of Business

6995 NW 82 AVE. #44
MIAMI FL 33166

Mailing Address

6995 NW 82 AVE. #44
MIAMI FL 33166

2. Principal Place of Business

6991 NW 82 AVE

3. Mailing Address

6991 NW 82 AVE

Suite, Apt. #, etc.

BA-19

Suite, Apt. #, etc.

BA-19

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number

65-1111317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERETTI, DARIO A
4239 SW 153 CT
MIAMI FL 33185

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating.)

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	PERETTI, DARIO A	
STREET ADDRESS	4239 SW 153 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JURI, IVO GUSTAVO	
STREET ADDRESS	TINOGASTA 5819 1 AVE.	
CITY-ST-ZIP	BS AS, ARGNETINA 1408	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VACCA, CRISTIAN M	
STREET ADDRESS	AV LIBERTADOR 8560 19 B	
CITY-ST-ZIP	BS AS, ARGNETINA 1429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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 life and powers.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/02 (305) 592-2999

CR2E034 (9/01)