

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01000079430

1. Entity Name

F.O.C. CO. INC.



03 NOV -3 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business
721 N.E. 25 Street

3. Mailing Address
721 N.E. 25 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#9

#9

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33137

Country

DADE

Zip

33137

Country

DADE

4. FEI Number

6511488746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Fabian O. Castro

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

721 N.E. 25th Street #9

City

Miami

FL

Zip Code

33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Fabian O. Castro.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Castro, Fabian O. 721 NE 25th St. #9 Miami, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500024377265 11/03/03-01045-018 **150.00
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03

Date

(786) 426 4378

Daytime Phone #

CR2E034B (12/02)

2116

F.O.C. CO. INC.
Fabian O. Castro
721 N.E. 25th St. # 9
Miami, FL 33137

October 29, 2003

To:
Florida Department of State
Corporation Annual Report
P.O. Box 7327
Tallahassee, FL 32314

Re: 2003 For Profit Corporation
Uniform Business Report (UBR)

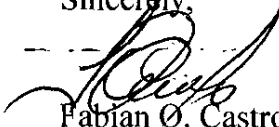
To Whom It May Concern:

It has come to my attention that the annual renewal application was not properly forwarded, along with other mail, to my new address.

Enclosed is a form for document # P01000079430 which has the new address of my corporation and the normal \$150.00 renewal fee. It is my hope that I will not be penalized for being late in submitting the annual report form.

Thank you for your consideration in this matter.

Sincerely,



Fabian O. Castro
President

Enc. 2003 Uniform Business Report (UBR) / \$150.00 fee.