

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90243 044 ***150.00

DOCUMENT # P01000081893

1. Entity Name
FERONA ENTERPRISES, INC.



Principal Place of Business
**C/O PATRICIA ZABARDI
3843 FALCON RIDGE CIRCLE
WESTON FL 33331**

Mailing Address
**C/O PATRICIA ZABARDI
3843 FALCON RIDGE CIRCLE
WESTON FL 33331**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1143768**

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

**ZABARDI, PATRICIA
3843 FALCON RIDGE CIRCLE
WESTON FL 33331**

Name **HUGO COVECINO C/O PATRICIA ZABARDI**
Street Address (P.O. Box Number is Not Acceptable)
3843 FALCON RIDGE CIRCLE
City **WESTON** FL Zip Code **33331**

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 **HUGO COVECINO**

3/21/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	COVECINO, HUGO M	
STREET ADDRESS	3843 FALCON RIDGE CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FONTELA DE COVECINO, SILVIA A	
STREET ADDRESS	3843 FALCON RIDGE CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HUGO COVECINO**

3/21/2003 **954-559-9328**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)