2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096546 FIXACOMP, INC					FILED			
					02 SEP 12 AM 8: 25			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
5121 NW 102 COURT P.O. BOX 527504 MIAMI FL 33178 MIAMI FL 33152					TÄLLAHASSEE. FLOK	,IUA		
2. Principal Place of Business 5/21 NW 102 COURT 7.0. Box 52 7504				4				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE		
City & State	- <u>- </u>		- 4331.	52	FEI Number		pplied For lot Applicable	
33/7	Country USA.	Žip 33/52	Country USA	5.	Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current F	egistered Agent	Maria	7.	Name and Address of New Registere	d Agent		
Name								
RAMIREZ, GIROBERTA Street Addres				ldress (P.O. E	s (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33178								
			City		F	Zip Coo	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registered ag	gent, or both, in the State of Florida. I a	ım familiar with	, and accept	
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 \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State				\$750.00	I Trust I und Continuotion. — Added to 1 ees 1			
11.	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIREC CARU 5/21 MIAM	NW 102 COURT. IN FL 33178	☐ Change	Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		900007735 -09/13/02 ****150.00	Change 5579- -010520 ****15	□ Addition 6 	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	5	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the received or trustee empor	his filing does not qualify for the state of	he exemption state signature shall has required by Cha	ed in Section ave the same oter 607, Flori	119.07(3)(i), Florida Statutes. I further olegal effect as if made under oath; that ida Statutes; and that my name appear	certify that the i t I am an office rs in Block 11 c	information r or director or Block 12 if	

DESCRIPTION DATE DATE PROPERTY PROPERTY

attachment

Miami, August 26, 2002

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Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sirs:

I recently incorporated **FIXACOMP**, **Inc**. (P01000096546) in October 2001, and I found out that the Uniform Business Report had to be filed by May 1, 2002.

Even though the corporation has not conducted any commercial transaction at all, I understand that this report has to be filled in a timely manner without exception.

I therefore will make sure this never happens again and consequently ask for your understanding on this matter. I herein kindly request that the \$ 400 late fee be waived due to the fact that I was unaware of said time frame.

Thank you very pruch for your attention and consideration

Sincerely

Giroberta Ramirez Fixacomp, Inc. P.O. Box 52-7504 Miami, Florida 33152