

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91509 023 ***150.00

01FAS04 AV

DOCUMENT # P02000016970

1. Entity Name
FERNANDEZ & FERNANDEZ MARKETING INC.



Principal Place of Business
**10199 NW 129TH TERRACE
HIALEAH GARDENS FL 33018**

Mailing Address
**10199 NW 129TH TERRACE
HIALEAH GARDENS FL 33018**



2. Principal Place of Business
10199 NW 129th Terr
Suite, Apt. #, etc.

3. Mailing Address
10199 NW 129th Terr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Hialeah Gardens, FL 33018
Zip
33018
Country
USA

City & State
Hialeah Gardens, FL 33018
Zip
33018
Country
USA

4. FEI Number
26-0053118
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

**FERNANDEZ, JASON
10199 NW 129TH TERRACE
HIALEAH GARDENS FL 33018**

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

SIGNATURE DATE **4/20/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 President	<input type="checkbox"/> Delete
NAME Jason Fernandez	
STREET ADDRESS 10199 NW 129th Terr	
CITY-ST-ZIP Hialeah Gardens, FL 33018	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Farah Fernandez	
STREET ADDRESS 10199 NW 129th Terr	
CITY-ST-ZIP Hialeah Gardens, FL 33018	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03
DATE

305-607-1526
Daytime Phone #

CR2E034 (10/02)