

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

04-28-2003 91864 001 ***600.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000026995 1. Entity Name FARRON INTERNATIONAL, INC.		55032978																									
Principal Place of Business 604 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131		Mailing Address 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131																									
2. Principal Place of Business 45 SW 29 RD		3. Mailing Address Suite, Apt. #, etc.																									
City & State MIAMI FL		City & State _____																									
Zip 33129		Zip _____																									
Country _____		Country _____																									
4. FEI Number 04-3615980		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DE LA PENA & BAJANDAS, LLP 601 BRICKELL KEY DRIVE SUITE 705 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name GEORGE SAENZ, CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 45 S.W. 24th Road Miami, Florida 33129 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 4/16/03 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when submitting.)																											
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																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: center;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> TITLE PRES RICARDO CORTEZ ☐ Delete NAME 13 GRAND BAY ESTATES CIR STREET ADDRESS KDY. BISCAYNE FL 33149 CITY-ST-ZIP </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE PRES RICARDO CORTEZ ☐ Delete NAME 13 GRAND BAY ESTATES CIR STREET ADDRESS KDY. BISCAYNE FL 33149 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: _____ DATE 4/16/03 Signature, typed or printed name of signing officer or director																											