

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90426 012 ***150.00

DOCUMENT # P02000063541

1. Entity Name

Fernanda Susana Abreu, Inc.



DO NOT WRITE IN THIS SPACE

70054167

2. Principal Place of Business

3091 S.W. 85 Avenue

Suite, Apt. #, etc.

3. Mailing Address

3091 S.W. 85 Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

03-0463338

Applied For

Not Applicable

Zip

33155

Country

Zip

33155

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Fernando S. Abreu

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

3091 S.W. 85 Avenue

City

Miami

FL

Zip Code

33155

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]

←

Firm

4/29/2003

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

(NOTE: Registered Agent signature required when re-registering)

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
Fernanda S. Abreu
3091 S.W. 85 Avenue
Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2003 (305) 480-4861

DATE

Daytime Phone #

CR2E034B (12/02)