

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0061676 AV

**DOCUMENT #** P02000075510  
**1. Entity Name**  
 FERREZ INDUSTRIES, INC.



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 JAN 15 AM 8:00

**REINSTATEMENT** 03

**Principal Place of Business**  
 6418 NW 113 PLACE  
 MIAMI FL 33178

**Mailing Address**  
 6418 NW 113 PLACE  
 MIAMI FL 33178



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES *MRS*

**City & State**

**4. FEI Number**  
 Applied For  
 Not Applicable

**Zip** **Country**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LOPEZ, ANTONIO F } *delete*  
 6418 NW 113 PLACE  
 MIAMI FL 33178

**7. Name and Address of New Registered Agent**

Name *Ferez, Marcio C.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*6418 NW 113 Place*  
 City *Miami* FL Zip Code *33128*

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
 After September 10, 2003 Fee will be \$750.00  
 Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FERREZ, MARCIO C 6418 NW 113 PLACE MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LOPEZ, ANTONIO F 6418 NW 113 PLACE MIAMI FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FERREZ NATALIA, I 6418 NW 113 PL MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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]* **SIGNATURE REQUIRED** *01-09-04* *305-835-4648*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)