

FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90390 010 ***150.00

DOCUMENT # P02000095667

1. Entity Name

FORTOUL GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

999 BRICKELL BAY DR.

Suite, Apt. #, etc.

301

3. Mailing Address

999 BRICKELL BAY DR.

Suite, Apt. #, etc.

301

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

22-3868644

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ARTURO DE LA ESPRIELLA

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

999 BRICKELL BAY DR.

SUITE # 301

City

MIAMI

FL

Zip Code
33131**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when consulting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARTURO DE LA ESPRIELLA 999 BRICKELL BAY DR. # 301 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/P LEONARDO ROA 999 BRICKELL BAY DR. # 301 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04 305 815 6190

Date

Daytime Phone #