

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90331 028 \*\*\*158.75

**DOCUMENT # P02000101101**



1. Entity Name  
**FEMAR INTERNATIONAL, INC.**

Principal Place of Business  
**170 BONAVENTURE BLVD. #212  
WESTON FL 33326**

Mailing Address  
**170 BONAVENTURE BLVD. #212  
WESTON FL 33326**

2. Principal Place of Business  
**10200 NW 25th Street**

3. Mailing Address  
**170 Bonaventure Blvd**

Suite, Apt. #, etc.  
**# 207**

Suite, Apt. #, etc.  
**# 212**

City & State  
**Miami, Florida**

City & State  
**Weston, Florida**

Zip  
**33172**

Country  
**USA**

Zip  
**33326-1499**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**03-0495699**

Applied For  
Not Applicable

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

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

**SUAREZ, RODOLFO H  
10200 NW 25TH STREET #207  
MIAMI FL 33172**

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

Name **RODOLFO J. SUAREZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**10200 NW 25th Street #207**  
City **Miami** **FL** Zip Code **33172**

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 *Rodolfo J. Suarez*  
Signature, typed or printed name of registered agent and title if applicable.

*Rodolfo J. Suarez*  
(NOTE: Registered Agent signature required when reinstating)

*1/8/03*  
DATE

**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**

TITLE **PD** ☐ Delete  
NAME **FERNANDEZ, SIMON T**  
STREET ADDRESS **170 BONAVENTURE BLVD. #212**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE **VD** ☐ Delete  
NAME **FERNANDEZ, ROBERTO**  
STREET ADDRESS **170 BONAVENTURE BLVD. #212**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE **STD** ☐ Delete  
NAME **FERNANDEZ, EDUARDO A**  
STREET ADDRESS **170 BONAVENTURE BLVD. #212**  
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Roberto Fernandez*  
**SICROBERTO FERNANDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/03*  
Date

**305-718-4400**  
Daytime Phone #

CR2E034 (10/02)