FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

(20__

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91301 030 ***150.00

DOCUMENT # P02000104066

1. Entity Name F. G CORP

DO NOT WRITE IN THIS SPACE

11024121

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2. Principal Place of Business 8775 SW 27 ST
Suite, Apt. #, etc.
City & State MIAMI, FL
Zip 33165 County DADE

3. Mailing Address SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 43-1997343 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name FARAH DE LA PORTILLA
Street Address (P.O. Box Number is Not Acceptable) 8775 SW 27 ST
City MIAMI FL Zip Code 33165

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 X [signature] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/28/03.

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	PRESIDENT	TITLE	
NAME	FARAH DE LA PORTILLA	NAME	
STREET ADDRESS	8775 SW 27 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/28/03 Daytime Phone # 305 223 3187