2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/11

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-11-2003 90145 014 ***150.00

DOCUMENT # P02000128512

1. Entity Name
FMA, INC.

Principal Place of Business
5748 SUNSET DRIVE
SOUTH MIAMI FL 33143

Mailing Address
5748 SUNSET DRIVE
SOUTH MIAMI FL 33143

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 5748 Sunset Drive
Suite, Apt. #, etc.
City & State: South Miami, FL.
Zip: 33173 Country: USA

3. Mailing Address: 5894 Sunset Dr.
Suite, Apt. #, etc.
City & State: South Miami, FL.
Zip: 33173 Country: USA

4. FEI Number: 71-091-6694 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAMOLE, MYRON M
9700 S DIXIE HWY #1030
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	SANCHEZ, AGUSTIN	
STREET ADDRESS	5748 SUNSET DRIVE	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	D	☐ Delete
NAME	RUEDA, LUIS F	
STREET ADDRESS	5748 SUNSET DRIVE	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-4-03 Daytime Phone #: 305-979-4989