

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013876

1. Entity Name

FULANO, INC.

Principal Place of Business

Mailing Address

6347 NW 190TH TERR
MIAMI FL 33168

58 FREMONT RD.
SLEEPY HOLLOW NY 10591-1118
US

2. Principal Place of Business

3. Mailing Address

1088 NE 88TH ST.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number 65-0387289

Applied For

Not Applicable

Zip 33138

Country U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALSON, GLORIA
6347 NW 190TH TERR
MIAMI FL 33168

Name AIDA RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)
1088 NE 88TH ST.

City MIAMI

FL

Zip Code 33138

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 reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RODRIGUEZ, PATRICIA M 58 FREMONT ROAD SLEEPY HOLLOW NY 10591	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T RODRIGUEZ, DOUGLAS 58 FREMONT ROAD SLEEPY HOLLOW NY 10591	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90038 033 ***150.00



DO NOT WRITE IN THIS SPACE