

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010944

1. Entity Name

Fyneside of Florida, Inc. 

Principal Place of Business  
10280 NW 52nd Terrace  
Miami, FL. 33178

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

620007

## 6. Name and Address of Current Registered Agent

Nelson Slobergas  
501 Brickell Key Drive, Suite 400  
Miami, FL. 33131

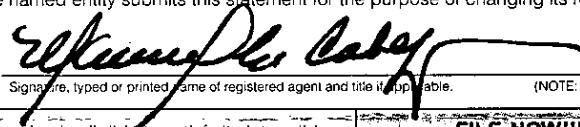
Name: Manuel E. Cabeza

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

City: Coral Gables

FL Zip Code: 33134

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: 

January 24, 2001

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE: DVP  
NAME: Osvaldo Marchetti, Jr.  
STREET ADDRESS: Suite D-305  
CITY-ST-ZIP: Miami, FL. 33131

Delete

TITLE: DPST  
NAME: Oswald Marchetti, Jr.  
STREET ADDRESS: 501 Brickell Key Drive, Suite 400  
CITY-ST-ZIP: Miami, FL. 33131

Delete

TITLE: DVP  
NAME: Oscaldo Marchetti  
STREET ADDRESS: 501 Brickell Key Drive, Suite 400  
CITY-ST-ZIP: Miami, FL. 33131

Delete

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPT  
NAME: Glicerio Martins Ferreira  
STREET ADDRESS: 10280 NW 52nd Terr.  
CITY-ST-ZIP: Miami, FL. 33178

Change  Addition

TITLE: DVPS  
NAME: Isabel Baptisteiro Martins Ferreira  
STREET ADDRESS:  Delete  
CITY-ST-ZIP: Miami, FL. 33178

Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

Change  Addition

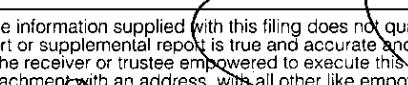
TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

Change  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 contained 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:  Glicerio Martins Ferreira Neto, President

January 24, 2001 (786)331-9486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)