

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90459 044 \*\*\*150.00

**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 &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**Nelson Slobergas  
501 Brickell Key Drive, Suite 400  
Miami, FL. 33131**7. Name and Address of New Registered Agent**Name **Manuel E. Cabeza**Street Address (P.O. Box Number is Not Acceptable)  
**338 Minorca Ave.**City **Coral Gables**FL **33134** 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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 24, 2001****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** ☒ Delete  
NAME **Oswaldo Marchetti, Jr.**  
STREET ADDRESS **Suite D-305**  
CITY-ST-ZIP **Miami, FL. 33131**TITLE **DPST** ☒ Delete  
NAME **Oswald Marchetti, Jr.**  
STREET ADDRESS **501 Brickell Key Drive, Suite 400**  
CITY-ST-ZIP **Miami, FL. 33131**TITLE **DVP** ☒ Delete  
NAME **Oswaldo Marchetti**  
STREET ADDRESS **501 Brickell Key Drive, Suite 400**  
CITY-ST-ZIP **Miami, FL. 33131**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DPT** ☐ Change ☒ Addition  
NAME **Glicerio Martins Ferreira**  
STREET ADDRESS **10280 NW 52nd Terr.**  
CITY-ST-ZIP **Miami, FL. 33178**TITLE **DVPS** ☐ Change ☒ Addition  
NAME **Isabel Baptistello Martins Ferreira**  
STREET ADDRESS **Miami, FL. 33178**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP**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:****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)