

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-02-2002 90815 010 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043545

1. Entity Name
FERNANDO ISTURIZ, INC.

Principal Place of Business Mailing Address
 8341 N.W. 68TH ST. P.O. BOX 226826
 MIAMI FL 33166 MIAMI FL 33122

2. Principal Place of Business 3. Mailing Address
23011 N.W. 78th AV **23011 N.W. 78 AV**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number
ALACHUA - FL **ALACHUA FL 32615** **65-0418865**
 Zip Country Zip Country
32615 **U.S.A** **32615** **U.S.A**

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

6. Name and Address of Current Registered Agent
PINERUA, MARTZABEL N P.O. BOX 226826
8244 N.W. 68TH ST. **MIAMI - FL 33122**
MIAMI FL 33166

7. Name and Address of New Registered Agent
 Name **ZULAY VERA**
 Street Address (P.O. Box Number is Not Acceptable)
23011 N.W. 78 AV
 City **ALACHUA** FL **32615**

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 **ZULAY VERA** *Zulay Vera* (386) 462-1211 07.29.02
Signature, typed or printed name of registered agent and date 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. **FILE NOW!!! FEE IS \$160.00**
(See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISTURIZ, FERNANDO	NAME	PSTD FERNANDO
STREET ADDRESS	8341 N.W. 68ST	STREET ADDRESS	23011 N.W. 78 AV
CITY- ST- ZIP	MIAMI FL 33166	CITY- ST- ZIP	ALACHUA, FL 32615
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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 fee empowered.

SIGNATURE: *[Signature]* **6/25/02 (305) 273-3567**
Signature and name of officer or director Date Daytime Phone #

CREEK04 (9/01)