

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90180 016 ***150.00

DOCUMENT # P93000084160

1. Entity Name

FORT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

12221 SW 129 COURT
 MIAMI FL 33186

12221 SW 129 COURT
 MIAMI FL 33186-6440

2. Principal Place of Business

3. Mailing Address

8343 N.W. 54 ST

8343 N.W. 54 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI, FLA

Zip

33166

Country

DADE

Zip

33166

Country

DADE

4. FEI Number

65-0509948

Applied For

Not Applicable

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

FORTE, PEDRO
 12221 SW 129 COURT
 MIAMI FL 33186

FORTE PEDRO

Street Address (P.O. Box Number is Not Acceptable)
8343 N.W. 54 ST.

City **MIAMI**

FL

Zip Code

33166

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	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	FORTE, PEDRO
CITY-ST-ZIP	12221 SW 129 COURT
	MIAMI FL 33186
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)