

2000 UNIFORM BUSINESS REPORT (UBR)

112

DOCUMENT # **094000017484**

1. Entity Name

URFESA, INC

FILED
SECRETARY OF STATE
UNIFORM CORPORATIONS

00 DEC - 1 AM 10:10

Principal Place of Business	Mailing Address
10049 MW 89th AV #24 MIAMI, FL 33178	SAME

2. Principal Place of Business	3. Mailing Address
10049 NW 89th AV #24	SAME

Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 24	SAME

City & State	City & State
MIAMI FLORIDA	SAME

Zip	Country	Zip	Country
33178	USA	SAME	SAME

4. FEI Number	Applied For
65-0476908	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEIDY RODRIGUEZ
3237 NW 67th ST
MIAMI, FL 33147

7. Name and Address of New Registered Agent

Name: **TRIXY FERMIN**
Street Address (P.O. Box Number is Not Acceptable):
2780 NE 183rd ST #1509
City: **AVENTURA** FL Zip Code: **33178**

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]* *Trixy Fermin* DATE: **10/27/00**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VP	LEIDY RODRIGUEZ	<input checked="" type="checkbox"/> Delete
NAME	3237 NW 67th ST	
STREET ADDRESS	MIAMI, FL 33147	
CITY-ST-ZIP	VICE-PRESIDENT	
TITLE P	DOMINGO URENA	<input checked="" type="checkbox"/> Delete
NAME	3237 NW 67th ST	
STREET ADDRESS	MIAMI, FL 33147	
CITY-ST-ZIP	PRESIDENT	
TITLE T	DOMINGO URENA	<input checked="" type="checkbox"/> Delete
NAME	3237 NW 67th ST	
STREET ADDRESS	MIAMI, FL 33147	
CITY-ST-ZIP	TREASURER - SECRETARY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP	TRIXY FERMIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2780 NE 183rd ST # 1509	
STREET ADDRESS	AVENTURA, FL 33160	
CITY-ST-ZIP	VICE-PRESIDENT	
TITLE P	MODESTO FERMIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2780 NE 183rd ST # 1509	
STREET ADDRESS	AVENTURA, FL 33160	
CITY-ST-ZIP	PRESIDENT	
TITLE T	TRIXY FERMIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2780 NE 183rd ST # 1509	
STREET ADDRESS	AVENTURA, FL 33160	
CITY-ST-ZIP	TREASURER - SECRETARY	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600003500266--0	
CITY-ST-ZIP	12/13/00--01097--001	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	***150.00 ***150.00	
CITY-ST-ZIP		
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: *Trixy Fermin* (305) 863-0201

CR2E034 (5/00)

-2-

Urfesa, Inc.

10049 N.W. 89th Avenue
Bay 2 & 3
Miami, Florida 33178

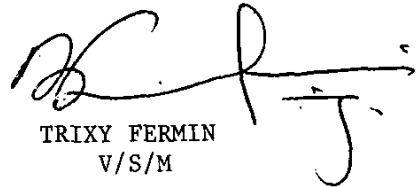
Phone: (305) 863-0201
Fax: (305) 863-0608

OCTOBER 10th, 2000.

TO: FLORIDA DEPARTMENT OF STATE
ATTE: KRISTEN ECKEL

PURSUANT A CHANGE OF LOCATION OF OUR COMPANY, THE 2000 UBR FORM WAS MISSED. WE NEVER GOT THE 2000 UBR FORM AND THEREFORE OUR NEW MANAGER THOUGH THAT IT WAS FILED ON DECEMBER 1999. IT WASN'T UNTIL SEPTEMBER 30th THAT WE FIND OUT OUR PROBLEM. I HOPE THAT YOU CAN UNDERSTAND OUR MISTAKE BECAUSE OF THE CHANGE OF ADDRESS AND ALSO THE BOARD OF DIRECTORS. ENCLOSED IS THE 2000 FORM AND THE CHECK FOR \$150.00. SO YOU CAN REINSTATE OUR COMPANY AND FORGIVE OUR PENALTY. DON'T HESITATE TO CALL ME IF YOU HAVE ANY QUESTIONS.

REGARDS,



TRIXY FERMIN
V/S/M