

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

00-02 UBR

FILED

02 FEB 20 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021471**

1. Entity Name

FEMA VENTURES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 E. SEMORAN BLVD

3. Mailing Address

500 E. SEMORAN BLVD

Suite, Apt. #, etc.

SUITE # 2H

Suite, Apt. #, etc.

SUITE # 2H

City & State

Casselberry, FL

City & State

Casselberry, FL

4. FEI Number

59-3230191

Applied For

Not Applicable

Zip

32707

Country

U.S.A

Zip

32707

Country

U.S.A

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

7. Name and Address of Current Registered Agent

Name

Robert Sabrahani

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

500 E. SEMORAN BLVD # 2H

City

Casselberry

FL

Zip Code

32707

**DO NOT WRITE
IN THIS SPACE**

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

R. Sabrahani R

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

(NOTE: Registered Agent signature required when reinstating)

2/15/02

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Director, P**
NAME **Manuel A. Cacdac**
STREET ADDRESS **500 E. SEMORAN BLVD # 2H**
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **Director**
NAME **FE J. Cacdac**
STREET ADDRESS **500 E. SEMORAN BLVD # 2H**
CITY-ST-ZIP **Casselberry, FL 32707**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Manuel A. Cacdac
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)