FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90779 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028544

1. Entity Name: FIBRAGENCY, INC.

DO NOT WRITE IN THIS SPACE

641972

2. Principal Place of Business: 130 SUNRISE AVE
Suite, Apt. #, etc.: ~~616~~ 510
City & State: PALM BEACH, FL
Zip: 33480 Country: Palm Beach

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0482938 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: FLEURY, JOELLE
Street Address (P.O. Box Number is Not Acceptable): 130 SUNRISE AVE
~~# 616~~ 510
City: PALM BEACH FL Zip Code 33480

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) ☒

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	VP	TITLE	
NAME	FLEURY, GILBERT	NAME	
STREET ADDRESS	130 SUNRISE AVE	STREET ADDRESS	
CITY-ST-ZIP	Palm Bch, FL 33480	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	FLEURY, JOELLE	NAME	
STREET ADDRESS	130 SUNRISE AVE	STREET ADDRESS	
CITY-ST-ZIP	Palm Bch, FL 33480	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Certified.

#P940000028544
6/4/1972

Department of State April 15th, 2002

Gentlemen:

We received today, April 15th, the enclosed, posted by you on March 25th:

- Your copy enclosed letter
- The UBR copy you sent us back
- your envelope dated March 25

Please note that our correct address is not 130 Sunrise Avenue, Palm Beach Suite 616, but 130 Sunrise Avenue, Palm Beach Suite 510.

Furthermore, as per your request, I enclose a check in the amount of $150 (one hundred and fifty dollars) #111, dated April 15th, 2002.

Your error in addressing the letter explains why we received the letter only today and could only reply today.

Attachment

#P940000285441/24/1992

Please make the necessary corrections in your files for any future correspondence.

Sincerely,