

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91014 015 ***150.00

DOCUMENT # *P94000032427*

1. Entity Name

FEBERT INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 NO. CONGRESS AVE.

Suite, Apt. #, etc.

#210

City & State

DELRAY BEACH FL.

Zip

33445

Country

PBC

3. Mailing Address

600 NO. CONGRESS AVE.

Suite, Apt. #, etc.

#210

City & State

DELRAY BEACH, FL

Zip

33445

Country

PBC.

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4. FEI Number

65-0498108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FUCHS, LARRY

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

590 ROYAL PALM BEACH BLVD.

City

ROYAL PALM BEACH

FL

Zip Code

33411

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PRESIDENT*
NAME *RONZONI, RALPH*
STREET ADDRESS *10559 SPICEWOOD TRAIL*
CITY-ST-ZIP *BOYNTON BEACH, FL. 33436*

TITLE *V.P.*
NAME *RONZONI, PETER*
STREET ADDRESS *12263 SUNSET POINTE LA.*
CITY-ST-ZIP *WELLINGTON, FL. 33414*

TITLE *SECR.*
NAME *RONZONI, VIRGINIA*
STREET ADDRESS *10559 SPICEWOOD TRAIL*
CITY-ST-ZIP *BOYNTON BEACH, FL. 33436*

TITLE
NAME
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CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

RALPH RONZONI

Ralph Ronzoni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

561-278-4141

Daytime Phone #

CR2E034B (12/02)