2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000032624

1. Entity Name



FILED Jan 16, 2003 8:00 am Secretary of State

FORNO	OS CORP.						01-16-2003	90055 026	***1:	50.00
Principal P 7463 COR/ MIAMI FL (7463	ng Address CORAL WAY II FL 33155		WE IV					
2. Principa	al Place of Business									
		3. Mailing Address			· · · · · · · · · · · · · · · · · · ·					
	pt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Si	tate	City & State				4. FEI Number 65-0485828			Applied For	
Zip	Country	Zip		Country	у	5. Certificate of		□ \$8.		Not Applicable dditional
	6. Name and Address of Currer	t Registere	d Agent	<u> </u>				Fee	Requir	red
FDANCO		+	. • •		Name	7. Name and A	ddress of New Re	egistered Ager	1 t	
FRANCOS, MARCELINO M E 7463 CORAL WAY					Street Address (P.O. Box Number is Not Acceptable)					
	MIAMI FL 33155					- HOLDOX HAIRIDGE		·		
				_	Cit		<u> </u>			
8. The abov	/e named entity submits this statement (n= 4b =			City			FL	Zip Cod	de
the obliga	ve named entity submits this statement fations of registered agent.	or the purpo	ise of changing its	s registered	office or registere	ed agent, or both,	n the State of Flor	ida. I am famili	ar with	, and accept
SIGNATURE										
	Signature, typed or printed name of registered agen	and title if applic	cable. (NOT	TE: Registered Ag	gent signature required w	when reinstating)		DATE		
1	FILE NOW!!! FEE IS \$150.00									
Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			,	9. Election	on Campaign Fina Fund Contribution.	ncing	\$5.0	00 May Be
10.	OFFICERS AND		s	11.				_		
TITLE	PT	1	☐ Delete	TITLE		ADDITIONS/CH	ANGES TO OFFIC			
NAME STREET ADORESS	FRANCOS, MARCELINO 7463 CORAL WAY			NAME				Цζ	hange	☐ Addition
CITY-ST-ZIP	MIAMI FL 33155			STREET A						
TITLE	S		☐ Delete	TITLE	ZIF					
NAME STREET ADDRESS	FRANCOS, ALCIRA			NAME				□ c	nange	☐ Addition
CITY-ST-ZIP	7463 CORAL WAY MIAMI FL 33155			STREET AC	I					
TITLE			☐ Delete	TITLE	217					
NAME STREET ADDRESS	·	,	L Colote	NAME		in the second		☐ C	ange	Addition
CITY-ST-ZIP				STREET AD CITY+ST-2	l l					
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE						
NAME STREET ADDRESS			- DV/000	NAME				☐ CH	ange	☐ Addition
CITY-ST-ZIP				STREET ADI						
TITLE			☐ Delete	L C(TY-ST-Z	P	<u> </u>				
NAME			□ Delete	TITLE .				☐ Ch	ange	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADD	DRESS					
TITLE				CITY-ST-ZI	Р					
NAME			☐ Delete	TITLE NAME	·	-		☐ Cha	ınge	Addition
STREET ADDRESS				STREET ADD	RESS					1
CITY-ST-ZIP	notify all the state of	<u> </u>		CITY-ST-ZIF	P					
indicated o	ertify that the information supplied with to on this report or supplemental report is t	his filing doe rue and acc	es not qualify for thur the same and that my	he exemptio	n stated in Sectio	n 119.07(3)(i), Flo	rida Statutes. I fur	ther certify that	the inf	ormation

12. 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 Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:]

Daytime Phone #