

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90030 003 ***158.75

DOCUMENT # P94000045646

1. Entity Name

FERCAN INVESTMENTS, INC.

Principal Place of Business

9200 S DADELAND BLVD
~~STE #617~~
 MIAMI FL 33156
 US

Mailing Address

9200 S DADELAND BLVD
~~STE #617~~
 MIAMI FL 33156-2714
 US

642292



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
Suite 700

3. Mailing Address

Suite, Apt. #, etc.
Suite 700

City & State

City & State

4. FEI Number

65-0501398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, JERRY
 9200 S DADELAND BLVD SUITE 208
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
JERRY GREEN
 Street Address (P.O. Box Number is Not Acceptable)
9200 S. Dadeland Blvd.
Suite 700.
 City
Miami FL Zip Code
33156

8. The above named entity submits this

SIGNATURE _____
Signature, typed or printed name

*only changed
 Suite #.*

registered office or registered agent, or both, in the State of Florida.

Registered Agent signature required when reinstating

DATE

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

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERNANDEZ, VICTOR M	
STREET ADDRESS	9417 NW 54TH DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANALES, GABRIEL	
STREET ADDRESS	3014 SW 100 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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: _____

VICTOR FERNANDEZ, Pres. 4/13/00 305-463-8016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)