

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048390

1. Entity Name

FIAD & ASSOCIATES, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90029 016 \*\*\*158.75

Principal Place of Business

6401 SW 87TH TER  
 SUITE 114  
 MIAMI FL 33173

Mailing Address

6401 SW 87TH TER  
 SUITE 114  
 MIAMI FL 33173-2520

2. Principal Place of Business

6401 SW 87 AVE

Suite, Apt. #, etc.

SUITE # 114

City & State

MIAMI, FL

Zip

Country

33173-2520

USA

3. Mailing Address

6401 SW 87 AVE

Suite, Apt. #, etc.

SUITE # 114

City & State

MIAMI, FL

Zip

Country

33173-2520

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0535285

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FIAD, GEORGE A SR  
 7401 SW 70TH TERRACE  
 MIAMI FL 33143-2813

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, type 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 VTD  
 NAME CASTELLANOS, DELIA V  
 STREET ADDRESS 7401 SW 70TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33143-2813 ☐ Delete

TITLE VSD  
 NAME FIAD, GEORGE A SR  
 STREET ADDRESS 7401 SW 70TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33143-2813 ☐ Delete

TITLE V  
 NAME FIAD, MARIA M  
 STREET ADDRESS 7401 SW 70TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33143-2813 ☐ Delete

TITLE P  
 NAME BATISTA, JULIO G  
 STREET ADDRESS 13571 SW 40TH LANE  
 CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)