

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90036 033 ***150.00

DOCUMENT # P94000075678

1. Entity Name

FMC INTERNATIONAL, CORP.

Principal Place of Business

**1400 NW 96 AVE.
 MIAMI FL 33172
 US**

Mailing Address

**3817 ESTEPONA AVE.
 MIAMI FL 33178**

2. Principal Place of Business

8315 N.W. 64Th Street

Suite, Apt. #, etc.

Bay#1

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Address

8315 N.W. 64Th Street

Suite, Apt. #, etc.

Bay#1

City & State

Miami, FL

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0525977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GUILLERMO, SANCHEZ
 3817 ESTEPONA AVE.
 MIAMI FL 33178**

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, 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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **STD** ☐ Delete
 NAME **SANCHEZ, GUILLERMO**
 STREET ADDRESS **3817 ESTEPONA AVE.**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☒ Change ☐ Addition
 NAME **SANCHEZ GUILLERMO**
 STREET ADDRESS **8315 N.W. 64Th Street Bay#1**
 CITY-ST-ZIP **Miami, FL 33166**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Guillermo Sanchez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.06.01

Date

305-689-9886

Daytime Phone #

CR2E034 (10/00)