

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012434

1. Entity Name

FATU-HIVA INTERNATIONAL, INC.

Principal Place of Business

4280 GROVEWOOD LN
TITUSVILLE FL 32780

Mailing Address

4280 GROVEWOOD LN
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3311787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARIAS, EMILIA D
4280 GROVEWOOD LN
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name VICTOR M. DARIAS

Street Address (P.O. Box Number is Not Acceptable)
4280 GROVEWOOD LN

City TITUSVILLE FL Zip Code 32780

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 PSD
NAME DARIAS, VICTOR M ☐ Delete
STREET ADDRESS 4280 GROVEWOOD LN
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE VT
NAME DARIAS, EMILIA D. ☐ Delete
STREET ADDRESS 4280 GROVEWOOD LN
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Change ☒ Addition
NAME DANIEL V. DARIAS
STREET ADDRESS LOS COCEDEROS, 14
CITY-ST-ZIP 35540 PUNTA MUJERES, LAS PALMAS-SPAIN

TITLE V ☐ Change ☒ Addition
NAME VICTOR M. DARIAS, JR.
STREET ADDRESS 9 SANTA ROSA AVE.
CITY-ST-ZIP RYDE, NSW 2112 - AUSTRALIA

TITLE PSD ☐ Change ☐ Addition
NAME DARIAS, VICTOR M. SR.
STREET ADDRESS 4280 GROVEWOOD LN
CITY-ST-ZIP TITUSVILLE, FL 32780 - U.S.A.

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90025 040 ***150.00

00031360



DO NOT WRITE IN THIS SPACE

0055786

CR2034 (10/00)