# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAR 20 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0134426

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000027794

Entity Name: FEMARAH CORP.

Principal Place of Business: ~~600 NE 205 TER~~ ~~MIAMI BEACH~~ ~~33179~~

Mailing Address: ~~1600 NE 205 TER~~ ~~N. MIAMI BEACH~~ ~~FL 33179~~

Principal Place of Business: 163 SE 10 AVE
Suite, Apt. #, etc.:
City & State: HIALEAH, FL 33010
Zip: 33010 Country: USA

3. Mailing Address: 163 SE 10 AVE
Suite, Apt. #, etc.:
City & State: HIALEAH, FL 33010
Zip: 33010 Country: USA

4. FEI Number: 65-0580376 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~EVENETTE MONDESIR~~
~~11100 NW 5TH AVE~~
~~MIAMI, FL 33168~~

7. Name and Address of New Registered Agent

Name: FELIX POBLAH
Street Address (P.O. Box Number is Not Acceptable): 520 SW 178 WAY
City: PEMBROKE PINES FL Zip Code: 33029

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] Felix Poblah 3/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PRESIDENT [X] Delete |
| NAME | MARLENE POBLAH |
| STREET ADDRESS | 2031 NW 96 TERR APT. 1 |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33021 |
| TITLE | DIRECTOR [X] Delete |
| NAME | FELIX POBLAH |
| STREET ADDRESS | 2031 NW 96 TERR APT 1 |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33021 |
| 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 | PRESIDENT [X] Change [ ] Addition |
| NAME | BERNADETTE HYECINTHE |
| STREET ADDRESS | 520 SW 178 WAY |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33029 |
| TITLE | [ ] Change [ ] Addition |
| NAME | 300000318964 3--1 |
| STREET ADDRESS | -03/30/00--01033--006 |
| CITY-ST-ZIP | ****150.00 ****150.00 |
| 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 | |
| TITLE | [ ] Change [ ] Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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] 3/13/00 (954) 436-2063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)