2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAR 20 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0134426

DOCUMENT # P95000027794

Entity Name
FEMARAH CORP.

Principal Place of Business	Mailing Address
600 NE 205 TER MIAMI BEACH 33179	1600 NE 205 TER N. MIAMI BEACH FL 33179

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

DO NOT WRITE IN THIS SPACE

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: Evenette Mondesir 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRESIDENT ☒ Delete NAME MARLENE POBLAH ADDRESS 2031 NW 96 TERR APT. 1 ST-ZIP PEMBROKE PINES, FL 33021	TITLE PRESIDENT ☒ Change ☐ Addition NAME BERNADETTE HYECINTHE STREET ADDRESS 520 SW 178 WAY CITY-ST-ZIP PEMBROKE PINES, FL 33029
TITLE DIRECTOR ☒ Delete NAME FELIX POBLAH ADDRESS 2031 NW 96 TERR APT 1 ST-ZIP PEMBROKE PINES, FL 33021	☐ Change ☐ Addition 300003189643--1 -03/30/00--01033--006 ****150.00 ****150.00
☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (9/99)

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: Bernadette Hyecinthe 3/13/00 (954) 436-2063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #