

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060694

1. Entity Name

F.C.S. SERVICE, INC.

Principal Place of Business

9145 BIRD ROAD STE 2C
MIAMI FL

Mailing Address

9145 BIRD ROAD STE 2C
MIAMI FL

2. Principal Place of Business

8070 NW 53rd Street

3. Mailing Address

8070 NW 53rd Street

Suite, Apt. #, etc.

SUITE # 105

Suite, Apt. #, etc.

SUITE # 105

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

MIAMI-DADE

4. FEI Number

65-0603763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEAMPIERRE, JOSEPH
4245 SW 84TH AVENUE
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

YEAMPIERRE, JOSEPH

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

9741 S.W. 124th Ct

City

MIAMI

FL

Zip Code

33186

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
YEAMPIERRE, JOSEPH
9741 SW 124TH COURT
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
MENESES, VIVIAN
9741 SW 124TH COURT
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90406 041 ***150.00

C0054510



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)