2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 30, 2000 8:00 am Secretary of State DOCUMENT # **P95000067876** FERCOR, INC. 03-30-2000 90052 033 ***158.75 Mailing Address Principal Place of Business 12320 S.W. 96TH STREET 12320 S.W. 96TH STREET MIAMI FL 33186-2524 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0616110 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORTIZO, MAYRA Y Street Address (P.O. Box Number is Not Acceptable) 12320 S.W. 96TH STREET **MIAMI FL 33186** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition ☐ Delete TITLE FERNANDEZ, RAFAEL NAME NAME STREET ADDRESS STREET ADDRESS 12100 S.W. 97TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Addition ☐ Delete ☐ Change TITLE TITLE CORTIZO, GUILLERMO M NAME STREET ADDRESS 12320 S.W. 96TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change ☐ Addition ☐ Delete TITLE TITLE FERNANDEZ. OFELIA NAME NAME 12100 S.W. 97TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CORTIZO, MAYRA Y NAME NAME STREET ADDRESS 12320 S.W. 96TH STREET STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not cualify 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 principles of the provided statutes.