

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072174

1. Entity Name

FREE MARKET INTERNATIONAL CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90472 032 ***150.00

Principal Place of Business

Mailing Address

7200 LAKE ELLENOR DR
 SUITE 203
 ORLANDO FL 32809
 US

7200 LAKE ELLENOR DR
 SUITE 203
 ORLANDO FL 32809-5742
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3343523

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENEZES, CLAUDIA M
 7200 LAKE ELLENOR DR
 ORLANDO FL 32809

Name

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

City

Orlando, FL

FL

32836

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME MENEZES, CLAUDIA M
 STREET ADDRESS 7200 LAKE ELLENOR DR., SUITE 203
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME 8023 Bright Ct.
 STREET ADDRESS Orlando, FL. 32836
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME NOBREGO, EDDIE
 STREET ADDRESS 7200 LAKE ELLEUOR DR. STE. 203
 CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
 NAME 8023 Bright Ct.
 STREET ADDRESS Orlando, FL. 32836
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 #

CR2E034 (9/99)