

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001858

1. Entity Name

FNA SERVICES, INC.

Principal Place of Business

8292 NW 56TH STREET
MIAMI FL 33166
US

Mailing Address

8292 NW 56TH STREET
MIAMI FL 33166-4018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0631255

Applied For

Not Applicable

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

VEGA-AGUERA, BARBARA M
230 N.W. 87 AVE.
APT. I-205
MIAMI FL 33172

Name

BARBARA M. VEGA-AGUERA

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

9965 N.W. 51 TERRACE

City

MIAMI

FL

Zip Code
33178

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.

BARBARA M. VEGA-AGUERA

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/00

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 PD
NAME VEGA-AGUERA, BARBARA M
STREET ADDRESS 8292 NW 56TH ST.
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

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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

BARBARA M. VEGA-AGUERA

Date

Daytime Phone #

3/10/00 305-406-9030

041004



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)