

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028894

1. Entity Name

F.C. ONE INTERNATIONAL, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90040 006 ***150.00

Principal Place of Business

Mailing Address

6767 COLLINS AVENUE
#2103
MIAMI BEACH FL 33140

777 BRICKELL AVE
#950
MIAMI FL 33131-2811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0669104

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

LOPEZ-GARCIA, JORGE L
777 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131

Name

Jorge L. Lopez-Garcia

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

395 Alhambra Circle, Suite 301

City Coral Gables

FL

Zip Code 33134

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

JORGE L. LOPEZ-GARCIA

3/24/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
FOGLIATI, MARIA T
6767 COLLINS AVE. 32103
MIAMI BEACH FL 33140 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CHIAPPA, ANDREA
6767 COLLINS AVENUE
MIAMI BEACH FL 33140 ☐ Delete

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

TITLE
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TITLE
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CITY-ST-ZIP
☐ 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

ANDREA CHIAPPA, Pres.

Date

Daytime Phone #

1/5/00 (305) 447-1299

CR2E034 (9/99)