

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PA6000050610 (0)

1. Entity Name

FIONA (U.S.A) Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 WEST FLAGLER STREET

3. Mailing Address

P.O. Box 310807

Suite, Apt. #, etc.

Miami, FL 33130

Suite, Apt. #, etc.

City & State
33130

City & State
Miami, FL

Zip
33130

Country
USA

Zip
33231-0807

Country
USA

4. FEI Number

65-0676734

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
PATRICIA DELAZQUEZ

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

500 W. FLAGLER STREET

Miami,

City

FL

Zip Code
33130

**DO NOT WRITE
IN THIS SPACE**

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

PATRICIA DELAZQUEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-18-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
JUAN M. MORA
19501 E. Country Club Drive, #9-607
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
ELISABETH MUGNET
19501 E. Country Club Drive, #9-607
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER / SECRETARY
PATRICIA DELAZQUEZ
2540 SW 7 AVE
MIAMI FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PATRICIA DELAZQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-18-02

Date

305-281-0073

Daytime Phone #