

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096338

1. Entity Name

FORTEX INTERNATIONAL CORP.

FILED

00 SEP 25 AM 10:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

363 GRANELLO AVENUE
CORAL GABLES FL 33146

Mailing Address

363 GRANELLO AVENUE
CORAL GABLES FL 33146

2. Principal Place of Business

3211 Ponce de Leon Blvd.

3. Mailing Address

3211 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Ste. 101

Suite, Apt. #, etc.

Ste. 101

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

Country

33134 USA

Zip

Country

33134 USA

4. FEI Number

59-3409607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANT, BARRY M
ONE SOUTHEAST THIRD AVENUE
15TH FLOOR
MIAMI FL 33131

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME STENSTROM, CRISTIAN G
STREET ADDRESS 363 GRANELLO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100003415991--2
-10/05/00--01124--016
***\$550.00 ***\$550.00

TITLE
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☐ 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/00)