

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2000 90027 050 ***150.00

DOCUMENT # P97000051331

1. Entity Name
FORERO, INC.

Principal Place of Business

Mailing Address

~~9206 NW 106 ST~~
MEDLEY FL 33178
US

~~9206 NW 106 ST~~
MEDLEY FL 33178-1206
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0765774**

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

FORERO, GEORGE
9905 NW 2 STREET
PLANTATION FL 33324

Name **Oscar Schneider, Attorney**
 Street Address (P.O. Box Number is Not Acceptable) **2455 E. Sunrise Blvd, Ste 905**
 City **Ft Lauderdale** **FL** Zip Code **33304**

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 *Andrea Bardenheuer* **Andrea Bardenheuer**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/25/00
 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	<input type="checkbox"/> Delete
NAME	FORERO, GEORGE	
STREET ADDRESS	801 S OCEAN DR., APT #301	
CITY-ST-ZIP	MIAMI FL 33019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARDENHEUER, ANDREA	
STREET ADDRESS	176 RIVIERA CIR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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: *Andrea Bardenheuer* **Andrea Bardenheuer** **2/25/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **305-889-6634**

CR2E034 (9/99)