

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011205

1. Entity Name
FEGUISA CORP.

FILED

01 FEB -8 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
780 N.W. LE JEUNE RD.
SUITE 516
MIAMI, FLORIDA 33126 (SAME)

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
65-0812131

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

AURELIO A. PIEDRA CPA
780 N.W. LE JEUNE RD.
SUITE 516
MIAMI, FLORIDA 33126

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 \$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 PRESIDENT/TREA/DIRECTOR ☐ Delete
STREET ADDRESS HORACIO, ALONSO
CITY-ST-ZIP 780 N.W. LE JEUNE RD.
MIAMI, FL 33126

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

TITLE NAME SECRETARY/VICE PRES/DIR ☐ Delete
STREET ADDRESS MONICA, DE ALONSO
CITY-ST-ZIP 780 N.W. LE JEUNE RD.
MIAMI, FL 33126

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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

2/6/01 (305) 443-7122
Date Daytime Phone #

VARGAS, PIEDRA & CO.
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS
AMERICAN AND FLORIDA
INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

SUITE 516
LE JEUNE CENTRE
780 N.W. LE JEUNE ROAD
MIAMI, FLORIDA 33126
TELEPHONE
(305) 443-7122

February 5, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: FEGUISA CORP.
EIN NO. 65-0812131

Enclosed you shall find a check in the amount of \$300.00 for the above mentioned corporation.

As per our telephone conversation, I informed you that the individual is a foreigner and never received reinstatement form.

I am also enclosing a copy of a letter that was mailed to the client along with a letter addressed to you so he can issue a check for \$158.75 and client states he never received such a letter.

If you should have any questions do not hesitate to call me at your earliest convenience.

Sincerely,



Aurelio A. Piedra, CPA

AAP/dci

VARGAS, PIEDRA & CO.

CERTIFIED PUBLIC ACCOUNTANTS

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