## 2000 UNIFORM BUSINESS REPORT (UBR) FILED P98000032291 DOCUMENT # Aug 29, 2000 8:00 am Secretary of State 1. Entity Nama FIERA, INC. 08-29-2000 90003 028 \*\*\*150.00 Principal Place of Business 5701 SW 72ND STREET Mailing Address "Same" MIAMI, FL 33143 00082057 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-0826430 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name DANY BAR Street Address (P.O. Box Number is Not Acceptable) 1455 NW 107 AVENUE Zip C333172 City MIAMI 8. The allove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8/16/00 DANY BAR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT ☐ Addition ☐ Change TITLE Delete TITLE BAR, DANY NAME NAME 1455 NW 107 AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DANY BAR

PRESIDENT

atlachment pg 50000 3 229, DUG 2057

08/16/00

Dany Bar 1455 NW 107<sup>th</sup> Avenue Miami, FL 33172

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that two of my companies have had changes in both their physical and mailing addresses. Therefore, I never received any of your mailings for the annual renewal of both of my businesses.

Please accept the enclosed reports and payments in full satisfaction of my year 2000 filing requirements.

Thank you,

Dany Bar