

2001 UNIFORM BUSINESS REPORT (UBR)

0121007

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DOCUMENT # P98000034359

1. Entity Name

FERNANDER STUCCO, INC.

FILED
01 JUL 25 AM 10:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1951 NW 141 STREET
 BAY 43
 OPA LOCKA FL 33054

1951 NW 141 STREET
 BAY 43
 OPA LOCKA FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0830629

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

FERNANDER, NELSON
1951 NW 141ST ST. BAY 43
OPA LOCKA FL 33054

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, 2001 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 STREET ADDRESS CITY-ST-ZIP	P FERNANDER, NELSON 1951 NW 141ST BAY 43 MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004524306--4 -08/08/01--01048--005 ***158.75 ***158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Nelson Fernandez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *7/26/01*
 Daytime Phone #

CR2E034 (10/00)

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NELSON FERNANDER

1951 NW 141ST STREET
OPA LOCKA, FL. 33054

07/05/01

Attachments

Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

REF DOC NUMBER P98000034359

Dear Sir/Madam

It has been brought to my attention that my Corporation, document number captioned above, has not been renewed for the year 2001. I have been hospitalized and unable to handle my affairs. Kindly accept my payment in the amount of \$ 158.75 for the renewal.

Thanking you in appreciation, I remain,

Nelson Fernander

FERNANDER STUCCO, INC
Nelson Fernander
President