

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

09-19-2001 90162 046 \*\*\*558.75

0120831 AT

**DOCUMENT # P98000081448**

1. Entity Name  
**FAGOVI, U.S.A., INC.**

Principal Place of Business Mailing Address  
**8909 HWY 301 N. 8909 HWY 301 N.**  
**TAMPA FL 33637 TAMPA FL 33637**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **P.O. Box 16987**  
 Suite, Apt. #, etc.

City & State **Tampa FL**

Zip Country Zip Country  
**33687 U.S.**

4. FEI Number **59-3588532** 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**

**GOMEZ, CHARBEL**  
**8909 HWY 301 N.**  
**TAMPA FL 33637**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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  
 TITLE **PS**  Delete  
 NAME **GOMEZ, CHARBEL**  
 STREET ADDRESS **8909 HWY 301 N.**  
 CITY-ST-ZIP **TAMPA FL 33637**

TITLE **VPT**  Delete  
 NAME **GOMEZ, CHARBEL**  
 STREET ADDRESS **8909 HWY 301 N.**  
 CITY-ST-ZIP **TAMPA FL 33637**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE  Change  Addition  
 NAME  
 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: x **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-01  
Date

Daytime Phone #

CR2E034 (5/01)