

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081930

1. Entity Name

FASEMA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1154 CROUTON COURT

Suite, Apt. #, etc.

3. Mailing Address
1154 CROUTON COURT

Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number
65-0879544

Applied For
Not Applicable

Zip
33327

Country
BROWARD

Zip
33327

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
PRADA, JAIME A.

Street Address (P.O. Box Number is Not Acceptable)
1154 CROUTON COURT

City **WESTON** FL Zip Code **33327**

DO NOT WRITE IN THIS SPACE

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PRADA, PATRICIA
1154 CROUTON COURT
WESTON, FL 33327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800005610798--2
-05/27/02--01002--003
****300.00 ****300.00**

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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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
02 MAY 13 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (12/01)

0102

TS

04/14/2002 (954) 385-5449