## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # **P98000087790** FASI ENTERPRISES, INC. 05-11-2001 90044 048 \*\*\*150.00 Principal Place of Business Mailing Address 2320 S.W. 16 STREET 2520 SW 22 ST MIAMI FL 33145 STE 2173 MIAMI FL 33145 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0871836 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 2320 S.W. 16 STREET MIAMI FL 33145 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ■ Addition LOPEZ, JOSE NAME NAME 2320 SW 16TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE LOPEZ, ILIANA 2320 S.W. 16 STREET STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP **MIAMI FL 33145** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete LOPEZ, JOSE F NAME NAME 2320 SW16TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** Change Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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