

2001 UNIFORM BUSINESS REPORT (UBR)

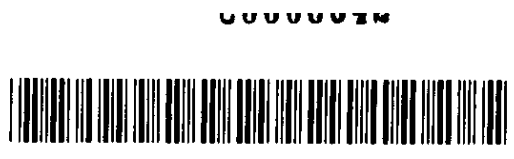
FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90110 009 ***150.00

DOCUMENT # P98000105633

1. Entity Name
FALCHI ENTERPRISES CORPORATION

Principal Place of Business Mailing Address
6412 RALEIGH STREET, SUITE 2513 **6412 RALEIGH STREET, SUITE 2513**
ORLANDO FL 32835 **ORLANDO FL 32835**



2. Principal Place of Business 3. Mailing Address
3607 Hidden Cypress Dr **3607 Hidden Cypress Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando FL 32822 **Orlando Florida**
 Zip Country Zip Country
32822 **USA** **32822** **USA**

4. FEI Number Applied For
59-3548589 Not Applicable

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

6. Name and Address of Current Registered Agent
GUIMARAES PINHEIRO, NEUZA
6412 RALEIGH STREET, SUITE 2513
ORLANDO FL 32835

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3607 Hidden Cypress Dr
 City State Zip Code
Orlando **FL** **32822**

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 \$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

TITLE	D <input type="checkbox"/> Delete
NAME	GUIMARAES PINHEIRO, NEUZA
STREET ADDRESS	6412 RALEIGH STREET, SUITE 2513
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3607 Hidden Cypress Dr
CITY-ST-ZIP	Orlando Florida 32822
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: *[Signature]* Date: **1/18/01** Daytime Phone #: **407-852-1404**

CR2F034 (10/00)