FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010101

1. Entity Name

F. G. R. + D., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3422 E. Atlantic Blvd.	3422 E. Atlantic Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch., FL.	City & State: Pompano Bch., FL.
Zip: 33062 Country: Broward	Zip: 33062 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894035 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alfonso Marciante

Street Address (P.O. Box Number is Not Acceptable): 3422 E. Atlantic Blvd

City: Pompano Bch., FL Zip Code: 33062

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] DATE: 4-18-02

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) ☐

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	PVP
NAME	Marciante, Alfonso
STREET ADDRESS	3422 E. Atlantic Blvd.
CITY-ST-ZIP	Pompano Bch., Fl. 33062
TITLE	ST
NAME	Gaviria, Maria
STREET ADDRESS	3422 E. Atlantic Blvd.
CITY-ST-ZIP	Pompano Bch., Fl. 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #