

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015643

1. Entity Name
FORTUNA R.E. INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90131 015 ***150.00

Principal Place of Business 1331 100TH STREET BAY HARBOR FL 33154	Mailing Address 1331 100TH STREET BAY HARBOR FL 33154-1107
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12555 BISCAYNE BLVD. Suite, Apt. #, etc. 873 City & State MIAMI, FL. Zip 33181 Country USA	3. Mailing Address P.O. BOX 7276 Suite, Apt. #, etc. MIAMI City & State FLORIDA Zip 33154 Country USA
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONG, WENDY H
1331 100TH STREET *12555 Biscayne Blvd. No. 873*
BAY HARBOR FL 33154 *Miami, FL 33181*

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 *Wendy H Fong* (NOTE: Registered Agent signature required when reinstating) DATE *4/29/00*

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>President Wendy Fong</i>
STREET ADDRESS		STREET ADDRESS	<i>12555 Biscayne Blvd # 873</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Miami, FL 33181</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Wendy H Fong* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)