

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90017 038 ***158.75

DOCUMENT # P990000 26095
1. Entity Name
 F.P.G.C. Corporation

Principal Place of Business **Mailing Address**
 16300 N.E. 19th AVE #231
 North Miami Beach, FL 33162

2. Principal Place of Business **3. Mailing Address**
 6415 SW 135th AVE
 Suite, Apt. #, etc.

City & State **City & State**
 MIAMI FL
Zip **Country** **Zip** **Country**
 33183-5020

4. FEI Number ☒ **Applied For**
 650904731 ☐ **Not Applicable**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ACCOUNTING & Bookkeeping Services, INC.
 16300 N.E. 19th AVE #231
 N. MIAMI Beach, FL 33162

7. Name and Address of New Registered Agent
 Name: FPGC Corporation
 Street Address (P.O. Box Number is Not Acceptable)
 6415 SW 135th AVE
 City: MIAMI FL Zip Code: 33183-5020

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 *Van James Furniss* **VAN JAMES FURNISS President.** **04/26/00**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 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: *Van James Furniss* **VAN JAMES FURNISS** **04/26/00** **(305) 799-5702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)