

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030021

1. Entity Name
FREDDYLU CORP.

Principal Place of Business
3400 NW 135th ST.
OPA LOCKA, FL 33054

Mailing Address
3400 NW 135th ST.
OPA LOCKA, FL 33054

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
692 W. 29 ST
#9
City & State
Hialeah, FL
Zip
33012
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0912921

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ALFONSO, LUCY
3400 NW 135th ST.
OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent
Name
VICTORERO, ORLANDO
Street Address (P.O. Box Number is Not Acceptable)
692 W. 29 ST. #9
City
Hialeah FL Zip
33012

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  ORLANDO VICTORERO 7/27/00
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)

After MAY 1, 2000 Fee will be \$300.00
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 NAME STREET ADDRESS CITY - ST - ZIP	PVPTSD ALFONSO, LUCY 3400 NW 135th ST. OPA LOCKA, FL 33054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VICTORERO, ORLANDO 692 W. 29 ST. #9 Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSTD HECHAVARRIA, YAMILEXYS 3400 NW 135th ST. OPA LOCKA, FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100003446671-3 -11/01/00--01039--020 *****88.75 *****88.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100003446671-3 -11/01/00--01039--021 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  ORLANDO VICTORERO 7/27/00 (305) 681-3518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED AND FILED
00 OCT 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)