

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 06, 2000 8:00 am
Secretary of State

05-06-2000 90186 001 *2,250.00

DOCUMENT # P99000042230

1. Entity Name

FOUNTAIN INTERNATIONAL INVESTMENTS, INC.

Principal Place of Business

Mailing Address

7171 CORAL WAY, STE. 200
MIAMI FL 33155

2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

7171 Coral Way

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida

Zip

33155

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0917402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDS, TIMOTHY D ESQ.
2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133

Name

World Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2665 S. Bayshore Drive, Suite 703

City

Miami

FL

Zip Code

33133

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

Timothy D. Richards
Signature, typed or printed name of registered agent and title if applicable.

Timothy D. Richards

3-29-00

DATE

(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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/D/P/S/I/T
Helda Osorno
7171 Coral Way, Suite 200
Miami, FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
Timothy D. Richards
2665 S. Bayshore Drive, Suite 703
Miami, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Helda Osorno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-00 (305) 2666692
Date Daytime Phone #

CR2E034 (9/99)