

DOCUMENT # P99000043767

1. Entity Name
FUYI TRADING CO., INC.

Principal Place of Business
7225 NW 41ST ST.
MIAMI FL 33166

Mailing Address
7225 NW 41ST ST.
MIAMI FL 33166

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90062 042 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7250 NW 41ST STREET
Suite, Apt. #, etc.

3. Mailing Address
7250 NW 41ST STREET
Suite, Apt. #, etc.

City & State
MIAMI FLA
Zip
33166
Country
U.S.A

City & State
MIAMI FLA
Zip
33166
Country
U.S.A

4. FEI Number 65-0920168
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LIZANO, OMAR
7225 NW 41ST ST.
MIAMI FL 33166

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
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, 2001 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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
D LIZANO, OMAR
7225 NW 41ST ST.
MIAMI FL 33166
Delete
Delete
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03-2001 (305) 592-5552
Date Daytime Phone #

CR2E034 (10/00)