

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048837

1. Entity Name

FEDERICO INC.

FREDERICO SHUTTERS, INC

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90085 038 ***158.75

Principal Place of Business

Mailing Address

1600 NE 169TH ST
NORTH MIAMI BEACH FL 33162

1600 NE 169TH ST
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

1600 NE 169 ST

Suite, Apt. #, etc.

3. Mailing Address

1600 NE 169 ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH

City & State

NORTH MIAMI BEACH

Zip

33162

Country

U.S.A

Zip

33162

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0935914

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

FREDERICO, MARCIO A
1600 NE 169TH ST
NORTH MIAMI BEACH FL 33162

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

02/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FREDERICO, MARCIO	
STREET ADDRESS	1600 NE 169 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICO, MARCIO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/01 305 9491178

CR2E034 (10/00)