2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057730

1. Entity Name

FERCA ENTERTAINMENT, INC.

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FILED
00 JUL 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1221 BRICKELL AVE SUITE 1700 MIAMI, FL 33131	1221 BRICKELL AVE SUITE 1700 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
7335 NW 36TH STREET	525 NW 27TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 208
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 / County	Zip 33125 / County

6/7/00 90435 013 -150.00

4. FEI Number 65-0943610 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: CARDENAS, HENRY

Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVE, SUITE 1700

City: MIAMI FL Zip Code: 33131

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] HENRY CARDENAS, PRESIDENT 4/28/00

(Typed or printed name and capacity of person signing) (Date)

9. This corporation is eligible to satisfy its biennial report filing requirement and elects to do so. (See comments 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DP ☐ Delete CARDENAS, HENRY 1221 BRICKELL AVE, STE 1700 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
VP ☐ Delete FERNANDEZ, IVAN 1221 BRICKELL AVE, STE 1700 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

7/20

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] 4/28/00 (305) 631-0565

(Name and Address of Current Registered Agent, Officer or Director) (Date) (Telephone Number)

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