

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065476

1. Entity Name  
FSD GROUP INC

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90031 036 \*\*\*150.00

Principal Place of Business

1779 WEST 40 STREET  
HIALEAH FL 33012

Mailing Address

2520 SW 115 AVE  
MIAMI FL 33165

2. Principal Place of Business

9615 NW 80 AVE

Suite, Apt. #, etc.

3. Mailing Address

9615 NW 80 AVE

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS, FL

City & State

HIALEAH GARDENS, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number 65-0937274

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

SAEZ, JORGE  
1779 WEST 40 ST  
HIALEAH FL 33012

Name

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

9615 NW 80 AVE

City

HIALEAH GARDENS, FL

Zip Code

33016

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SAEZ, PEDRO J  
CITY-ST-ZIP 2520 SW 115 AVE  
MIAMI FL 33165

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SAEZ, CONSUELO  
CITY-ST-ZIP 2520 SW 115 AVE  
MIAMI FL 33165

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SAEZ, JORGE  
CITY-ST-ZIP 2520 SW 115 AVE  
MIAMI FL 33165

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

305-821-4766

Daytime Phone #

CR2E034 (10/00)