

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-19-2001 90031 036 ***150.00

DOCUMENT # P99000065476

1. Entity Name
FSD GROUP INC

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

Country

-33016-

USA

Zip

Country

-33016-

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAEZ, PEDRO J		NAME	
STREET ADDRESS 2520 SW 115 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33165		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAEZ, CONSUELO		NAME	
STREET ADDRESS 2520 SW 115 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33165		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAEZ, JORGE		NAME	
STREET ADDRESS 2520 SW 115 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33165		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)