

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90706 008 ***150.00

DOCUMENT # P99000065476

1. Entity Name
FSD GROUP INC



Principal Place of Business
9615 NW 80 AVE
HIALEAH GARDENS FL 33016

Mailing Address
9615 NW 80 AVE
HIALEAH GARDENS FL 33016

2. Principal Place of Business
8290 NW 25 Street
Suite, Apt. #, etc.

3. Mailing Address
8290 NW 25 Street
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33122

Country
USA

Zip
33122

Country
USA

4. FEI Number 65-0937274

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SAEZ, JORGE
9615 NW 80 AVE
HIALEAH GARDENS FL 33016

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAEZ, PEDRO J	
STREET ADDRESS	2520 SW 115 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAEZ, CONSUELO	
STREET ADDRESS	2520 SW 115 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAEZ, JORGE	
STREET ADDRESS	9615 NW 80 AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVA, ALBERTO	
STREET ADDRESS	9615 NW 80 AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8290 NW 25 Street	
CITY-ST-ZIP	Miami, FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JORGE SAEZ**
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 305-592-2330

Date

Daytime Phone #

CR2E034 (10/02)