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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072250

D00052783

1. Entity Name

FCR INTERNATIONAL SERVICE CORPORATION

Principal Place of Business: 185 S.E. 14 TERRACE, SUITE 2709, MIAMI FL 33131

Mailing Address: 185 S.E. 14 TERRACE, SUITE 2709, MIAMI FL 33131-3434

2. Principal Place of Business — Suite, Apt #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0941343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARVALHO, FERNANDO
185 S.E. 14 TERRACE
SUITE 2709
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: CARVALHO, FERNANDO
Street Address (P.O. Box Number is Not Acceptable): 170 SE 12 TER
SUITE 29
City: MIAMI, F FL Zip Code: 33131

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: X [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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CARVALHO, FERNANDO 185 S.E. 14 TERRACE SUITE 2709 MIAMI FL 33131 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CARVALHO, FERNANDO 170 SE 12 TER SUITE 29 MIAMI, FL. 13131 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #