

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072250

1. Entry Name

FCR INTERNATIONAL SERVICE CORPORATION

00052783

Principal Place of Business Mailing Address
85 S.E. 14 TERRACE 185 S.E. 14 TERRACE
SUITE 2709 SUITE 2709
MIAMI FL 33131 MIAMI FL 33131-3434

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0941343 Applied For Not Applicable

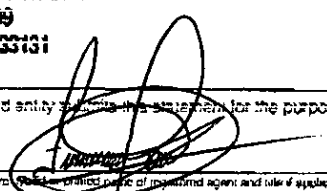
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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

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

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (NOTE: Registered Agent signature required when re-registering) DATE

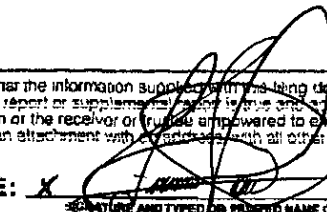
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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	0	☒ Delete	TITLE	CARVALHO, FERNANDO	☒ Change ☐ Addition
NAME	CARVALHO, FERNANDO		NAME	170 SE 12 TER SUITE 29	
STREET ADDRESS	185 S.E. 14 TERRACE SUITE 2709		STREET ADDRESS	MIAMI, FL. 13131	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied herein is true and correct 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 addresses with all other the empowered.

SIGNATURE:  DATE: _____