

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90458 015 ***150.00

DOCUMENT # P99000094093

1. Entity Name
FSG SUBSIDIARY, INC.



Principal Place of Business
**5800 N.W. 74 AVENUE
MIAMI FL 33166**

Mailing Address
**P.O. BOX 9130
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

5800 NW 74 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#201

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33166

USA

4. FEI Number

65-0959962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROAD AND CASSEL
MIAMI CENTER
201 S. BISCAYNE BLVD SUITE 3000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

JUAN DIAZ, ESQ.

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

5800 NW 74 AVE, Suite 201

City

MIAMI

FL

Zip Code

33166

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)

02/06/03

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 ☐ Delete
NAME **PDTS**
STREET ADDRESS **BARED, CARLOS**
CITY-ST-ZIP **5800 NW 74 AVENUE
MIAMI FL 33166**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **BARED, MAURICE E**
CITY-ST-ZIP **5800 NW 74 AVENUE
MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-03

Date

3054715141 X2315

Daytime Phone #

CR2E034 (10/02)