2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101564 1. Entity Name R. FERNANDEZ CORP.

FILED Feb 14, 2000 8:00 am Secretary of State 02-14-2000 90003 048 ***150.00

Principal Place of Business Mailing Address										
WEST 18TH STREET		308 WEST 18TH STREET HIALEAH FL 33010-2529	•							
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		1	FEI Number			oplied For	
		,	· · · · · · · · · · · · · · · · · · ·			65-0963017 Not Applicab			ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required Fee Required					
	6. Name and Address of Curre	nt Registered Agent	gistered Agent Name		7. Name and Address of New Registered Agent					
FFRI	NANDEZ, RICARDO									
308	WEST 18TH STREET		Street Address		is (P.O. B	lox Number is Not Acceptable)			-	
HIAL	EAH FL 33010							•	,	
				City FL Zip Code					e	
8. The above	named entity submits this statement	for the purpose of changing it	ts registered	office or regis	tered ag	ent, or both, in the State of Florid	a.			
OLONIATUOT	PULL PULL	1800 FERNANDEZ				2/4	1/20	<u>የ</u> ረ		
SIGNATURE	Signature typed or printed name of registered age		OTE: Registered Ag	ent signature requ	ired when re	pinstating)	DATE	<u> </u>		
Tax filing r	oration is eligible to satisfy its Intangibrequirement and elects to do so. ria on back)	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Finan- Trust Fund Contribution.	cing		O May Be i to Fees	
11.		ID DIRECTORS	12.		AD	I DITIONS/CHANGES TO OFFICE	RS AND C	IRECTORS	5 IN 11	
TITLE NAME	PD Fernandez, Ricardo	☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	308 WEST 18TH STREET HIALEAH FL 33010		STREET A							
TITLE	S	Delete	TITLE	211			Г	Change	☐ Addition	
NAME	FERNANDEZ, RICARDO		NAME							
STREET ADDRESS CITY-ST-ZIP	308 WEST 18TH STREET HIALEAH FL 33010		STREET A							
TITLE	MALLANT E 000 TO	☐ Delete	TITLE					Change	☐ Addition	
name Ŝtreet address			NAME STREET A	DDDECC						
CITY-ST-ZIP	~ ~~~~~		CITY-ST-							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET A	DDDEEC						
CITY-ST-ZIP			CITY-ST-							
TITLE		☐ Delete	TITLE					Change	Addition	
name Street address +			NAME STREET A	DOBESS						
CITY-ST-ZIP			CITY-ST-							
INLÉ		☐ Delete	TITLE			· A		Change	Addition	
- -			NAME							
	,									
indicated of the corp	ertify that the information supplied w on this report or supplemental report oration or the receiver or trustee em or on an attachmen with an address	ith this filing does not qualify for it is true and accurate and that powered to execute this repor	NAME STREET AI CITY-ST- Dr, the exempt my signature t as required	ZIP ion stated in S shall have the	e same l	egal effect as if made under oath	rther certify	that the in	nforma	