

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101564

1. Entity Name

R. FERNANDEZ CORP.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90317 001 ***150.00

0090478

Principal Place of Business	Mailing Address
308 WEST 18TH STREET HIALEAH FL 33010	308 WEST 18TH STREET HIALEAH FL 33010

923550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0963017	Applied For
		Not Applicable
5. Certificate of Status Desired	☐ -	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERNANDEZ, RICARDO 308 WEST 18TH STREET HIALEAH FL 33010

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD FERNANDEZ, RICARDO 308 WEST 18TH STREET HIALEAH FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICARDO FERNANDEZ 14932 S.W 36TH MIAMI, FL 33185 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, RICARDO 308 WEST 18TH STREET HIALEAH FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 15, 2001 (305) 553-6176

Date

Daytime Phone #

CR2E034 (10/00)