

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104089

1. Entity Name

FANECO INTERNATIONAL, CORP.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90066 004 \*\*\*150.00

Principal Place of Business

Mailing Address

8262 NW SOUTH RIVER DRIVE  
MEDLEY FL 33166

8262 NW SOUTH RIVER DRIVE  
MEDLEY FL 33166

2. Principal Place of Business

8346-C NW S. RIVER DR.

3. Mailing Address

8346-C NW S. RIVER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FL

City & State

MEDLEY, FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-0966264

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

RIOS, LEOPOLDO  
1800 WEST 49TH STREET  
SUITE 207  
HIALEAH FL 33012

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]*

05/01/00

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	PD FLITER, GASTON 8262 NW SOUTH RIVER DRIVE MEDLEY FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALABACI, DANIEL A 8262 NW SOUTH RIVER DRIVE MEDLEY FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8346-C SOUTH RIVER DRIVE MEDLEY, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8346-C SOUTH RIVER DRIVE MEDLEY, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

05/01/00 (305) 863-2255

Date

Daytime Phone #

CR2E034 (9/99)