2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000104095** 1. Entity Name FANECO U.S.A., INC. 05-19-2000 90101 002 ***150.00 Principal Place of Business Mailing Address 8262 NW SOUTH RIVER DRIVE 8262 NW SOUTH RIVER DRIVE MEDLEY FL 33166 MEDLEY FL 33166 3. Mailing Address 2. Principal Place of Business 8346-CNW South River Dr. South River or 8346-C NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0966261 Not Applicable Hedley Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIOS, LEOPOLDO Street Address (P.O. Box Number is Not Acceptable) 1800 WEST 49TH STREET SUITE 207 HIALEAH FL 33012 Zip Code bynits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit 05/01/00 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 8346-C NW South River m. TITLE Delete FLITER, GASTON NAME STREET ADDRESS STREET ADDRESS 8262 NW SOUTH RIVER DRIVE Hedley, FL. 33166 CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 Delete TITLE ALABACI, DANIEL A 8346-c N.W South River Dr. NAME 8262 NW SOUTH RIVER DRIVE STREET ADDRESS STREET ADDRESS Hedley, FL. 33166 CITY-ST-ZIP CITY-ST-ZIP MEDLEY-FL 33166 ☐ Addition ☐ Delete TITLE VEGA, ALFRED NAME 8346-C N.W. South River Dr. STREET ADDRESS 8262 NW SOUTH RIVER DRIVE STREET ADDRESS Hedley FL. 33166 CITY-ST-ZIP MEDLEY FL 33166 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

[] Change

☐ Addition

CR2F034 (9/99)