

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90059 039 \*\*\*150.00

**DOCUMENT # P99000106536**

1. Entity Name  
**F.A.I.T. AMERICA, INC.**

Principal Place of Business <b>C/O VERDEJA &amp; GRAVIER          150 ALHAMBRA CIRCLE STE 800          CORAL GABLES FL 33134</b>	Mailing Address <b>C/O VERDEJA &amp; GRAVIER          150 ALHAMBRA CIRCLE STE 800          CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8208 NW 30st Terr.</b>	3. Mailing Address <b>- Same -</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>MIAMI</b>	City & State
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4. FEI Number <b>65-0975392</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33122</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**VERDEJA, OCTAVIO A  
 C/O VERDEJA & GRAVIER  
 150 ALHAMBRA CIRCLE STE 800  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Alvaro Ortega**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8208 NW 30st. Terr**  
 City **Miami** FL Zip Code **33122**

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  **Manager.** DATE **Feb. 15, 2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>JUAN ORTEGA</b>	
STREET ADDRESS <b>8208 NW 30st. Terr</b>	
CITY-ST-ZIP <b>Miami FL 33122</b>	
TITLE <b>Manager</b>	<input type="checkbox"/> Delete
NAME <b>ALVARO ORTEGA</b>	
STREET ADDRESS <b>8208 NW 30st Terr</b>	
CITY-ST-ZIP <b>Miami FL 33122</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)