

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90299 040 ***150.00

DOCUMENT # P99000108060

1. Entity Name
FORJARTE INTERNATIONAL, INC.

Principal Place of Business 10030 HAITIAN DRIVE MIAMI FL 33189	Mailing Address 10030 HAITIAN DRIVE MIAMI FL 33189
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2. Principal Place of Business 8705 SW 129 TERR	3. Mailing Address 10030 Haitian Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
Zip 33176	Zip 33189
Country USA	Country USA



4. FEI Number 65-0967683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANTULICH, JEANNINTH
 10030 HAITIAN DRIVE
 MIAMI FL 33189**

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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AQUINO-REYNOSO, RAUL F CALLE 39 #375 ENTRE 28 Y 30 FRACCIONAMIENT YUCATAN, MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYNOSO, SONIA MABEL PUNTA SOLIMAN NO. 34 SUPERMANZANA 24 CANCUN, MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTULICH, JEANNINTH 10030 HAITIAN DRIVE MIAMI FL 33189 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AQUINO, YULY BECERRA CALLE 39 #375 ENTRE 28 Y 30 FRACCIONAMIENT YUCATAN, MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEON, RAUL AQUINO CALLE 39 #375 ENTRE 28 Y 30 FRACCIONAMIENT YUCATAN, MEXICO <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or other like empowered.

SIGNATURE: Jeanninth Antulich 4/28/2000 305 2549633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)