2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108655

FILED

01 SEP 11 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

FMB Technologies, Inc.

Principal Place of Business	Mailing Address

2000-2001 UBR

2. Principal Place of Business	3. Mailing Address
999 Brickell Av.	SAME.
Suite, Apt. #, etc. Suite 508.	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State
Zip 33131 Country USA	Zip Country

4. FEI Number 65-1034481 ☐ 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
PAULO HERNAN DOMINGUEZ 999 Brickell Av. Suite 508 MIAMI, FLORIDA, 33131.	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 P. Dominguez

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, 2001 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	DIRECTOR PAULO HERNAN DOMINGUEZ 999 Brickell Av, suite 508 MIAMI, FL. 33131. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T00000461453 7-- -09/27/01--01098--009 ****300.00 ****300.0
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CARLOS ALBERTO DOMINGUEZ JR 999 Brickell Av, suite 508 MIAMI, FL. 33131. ☐ 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	20-25-AR 10.00-ARART 88.75-ARSUPP ☐ 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

CR2E034 (4/00)

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: _____ 8/13/01 305-377-9006

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