

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90030 017 \*\*\*150.00

**DOCUMENT # P99000111341**

1. Entity Name  
**FERCOR INTERNATIONAL CORP.**

Principal Place of Business <b>2121 PONCE DE LEON BLVD. SUITE 1035          CORAL GABLES FL 33134</b>	Mailing Address <b>2121 PONCE DE LEON BLVD. SUITE 1035          CORAL GABLES FL 33134</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, ROBERT W  
 2121 PONCE DE LEON BLVD, SUITE 1035  
 CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 *Robert W. Rodriguez*  
Signature, typed or printed name of registered agent and title if applicable.

2-07-00  
DATE

(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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST FERRIS, AGENOR 2121 PONCE DE LEON BLVD, SUITE 1035 CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERRIS, AGENOR 2121 PONCE DE LEON BLVD, SUITE 1035 CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert W. Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-00  
Date

305, 444, 1446  
Daytime Phone #