

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/8/01

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90129 003 \*\*\*150.00

**DOCUMENT # P99000111341**  
 1. Entity Name  
**FERCOR INTERNATIONAL CORP.**

Principal Place of Business      Mailing Address  
**2121 PONCE DE LEON BLVD, SUITE 1035**      **2121 PONCE DE LEON BLVD, SUITE 1035**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

2. Principal Place of Business      3. Mailing Address  
**3530 Mystic Pointe Drive**      **3530 Mystic Pointe Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Apt. # 1513**      **Apt. # 1513**  
 City & State      City & State  
**Aventura, Florida**      **Aventura, Florida**  
 Zip      Country      Zip      Country  
**33180**      **USA**      **33180**      **USA**



DO NOT WRITE IN THIS SPACE  
**FEE No.: 65-1021A50**

4. FEI Number      **APPLIED FOR**      Applied For / Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

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      **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      DATE **2-12-01**  
(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, 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

TITLE	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>FERRIS, AGENOR</b>	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD, SUITE 1035</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FERRIS, AGENOR</b>	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD, SUITE 1035</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	<b>VALESKA FERRIS</b>	
STREET ADDRESS	<b>3530 MYSTIC POINTE DR., # 1513</b>	
CITY-ST-ZIP	<b>AVENTURA, FLORIDA 33180</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	<b>VANESSA FERRIS</b>	
STREET ADDRESS	<b>3530 MYSTIC POINTE DR., # 1513</b>	
CITY-ST-ZIP	<b>AVENTURA, FLORIDA 33180</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	<b>VANESKA FERRIS</b>	
STREET ADDRESS	<b>3530 MYSTIC POINTE DR., # 1513</b>	
CITY-ST-ZIP	<b>AVENTURA, FLORIDA 33180</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3530 MYSTIC POINTE DR., # 1513</b>	
CITY-ST-ZIP	<b>AVENTURA, FLORIDA 33180</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3530 MYSTIC POINTE DR., # 1513</b>	
CITY-ST-ZIP	<b>AVENTURA, FLORIDA 33180</b>	
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 information empowered.

SIGNATURE:      DATE **2-12-01**      DAYTIME PHONE # **(305) 444-1446**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)