

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90171 029 ***150.00

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DOCUMENT # P99000111341

1. Entity Name
FERCOR INTERNATIONAL CORP.



Principal Place of Business
**3530 MYSTIC POINTE DRIVE
APT 1513
AVENTURA FL 33180
US**

Mailing Address
**3530 MYSTIC POINTE DRIVE
APT 1513
AVENTURA FL 33180
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-1021450**

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 **FERRIS, VALESKA**

Street Address (P.O. Box Number is Not Acceptable) **3530 MYSTIC**

POINTE DR. #1513, ~~AVENTURA~~

City **AVENTURA** FL Zip Code **33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. Ferris* **VALESKA FERRIS (T)** DATE **02/15/03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	FERRIS, AGENOR	
STREET ADDRESS	3530 MYSTIC POINTE DR #1513	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRIS, AGENOR	
STREET ADDRESS	3530 MYSTIC POINTE DR #1513	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRIS, VANESKA	
STREET ADDRESS	3530 MYSTIC POINTE DR #1513	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, VALOOKA	
STREET ADDRESS	3530 MYSTIC POINTE DR STE 1513	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERRIS, VANESSA	
STREET ADDRESS	3530 MYSTIC POINTE DRIVE STE 1513	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, VALESKA	
STREET ADDRESS	3530 MYSTIC POINTE DR. #1513	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Ferris* **VALESKA FERRIS** DATE **02/15/03** DAYTIME PHONE # **305-9791013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)