

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90215 031 ***550.00

DOCUMENT # S62165

1. Entity Name

FITTIPALDI EXECUTIVE CENTER, INC.

000119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
123 S.E. 3RD AVENUE

3. Mailing Address
123 S.E. 3RD AVENUE

Suite, Apt. #, etc.
#352

Suite, Apt. #, etc.
#352

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-0270070

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MORRISON, BROWN, ARGIZ & CO.

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

1001 BRICKELL BAY DRIVE, 9TH FLOOR

City
MIAMI

FL

Zip Code
33131

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

Signature, typed or printed name of registered agent and date 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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
P
FITTIPALDI, EMERSON
123 SE 3 AVE., #352, MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPD
DA CRUZ, CARLOS
123 SE 3 AVE., #352 MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)