

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90031 013 ***150.00

658388

DO NOT WRITE IN THIS SPACE

DOCUMENT # V19960

1. Entity Name

FALCON CHEMICAL CORPORATION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2720 S.W. 37 Avenue

Suite, Apt. #, etc.

3. Mailing Address

2720 S.W. 37 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0321722

Applied For

Not Applicable

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.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

Marco A. Sainz, Jr.
2720 S.W. 37 Avenue
Miami, Florida 33133

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

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 State10. 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	D/P/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sainz, Marco A., Jr.	NAME	
STREET ADDRESS	2720 S.W. 37 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33133	CITY-ST-ZIP	
TITLE	D/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foyo, Feliciano M.	NAME	
STREET ADDRESS	5915 Granada Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Florida 33146	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sainz, Marco A., Sr.	NAME	
STREET ADDRESS	2720 S.W. 37 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33133	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

, Marco A. Sainz, Jr. 04-27-01 (305) 442-8525