## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

9572 SW 124TH TERRACE

## V24298 **DOCUMENT #**

1. Entity Name

EFEM, CORPORATION

Principal Place of Business

SIGNATURE >

12532 S W 8TH STREET



**FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90096 001 \*\*\*150.00

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MIAMI FL 33184 US			MIAMI FL 33176 US									
2. Principal Place of Business			3. Mailing Address					F001: 8: 00   100: 010: 010: 010: 010: 010: 010	LII 01011 01011	#1211 B1811 B18		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 65-0360100 Applied For Not Applicable				
Zip	Country				Coun	Country		Certificate of Status Desired		<b>8.75</b> Addiee Required		
	6. Name	and Address of Current	Register				7.	7. Name and Address of New Registered Agent				
FORTOUL, EDUARDO 9572 S W 124TH TERRACE							Name Street Address (P.O. Box Number is Not Acceptable)					
MYAMI FL (	331/6					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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Finar     Trust Fund Contribution.		Added	<b>0</b> May 8e to Fees	
10.		OFFICERS AND	DIRECTO	ORS	11.		A	DDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
NAME STREET ADDRESS		EDUARDO 124TH TERRACE 33176		☐ Delete	1		•		(	Change	Addition :	
TITLE NAME	STD MENDEZ,	EDUARDO /. 104TH TERR.		Delete .					(	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 57.	the second of the second		Delete			g del		[	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete						Change	Addition	
12. I hereby of indicated of the corchanged,	certify that the lon this reporporation or to or on an att	e information supplied with rt or supplemental report is he econys or trustoe emp gchryen/with an address.	this filing the and overed to with all ot	does not qualify for accurate and that no execute this report her like empowered.	r the exe ny signa as requi	emption state ture shall ha ired by Chap	ed in Section ve the same ter 607, Flo	n 119.07(3)(i), Florida Statutes. I fu e legal effect as if made under oal orida Statutes, and that my name a	urther certif th; that I am appears in I	y that the ir i an officer Block 10 or	nformation or director Block 11 if	