

112

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110661
1. Entity Name
CARLOS FEGUILSON, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

2. Principal Place of Business
5232 N.E. 18th AVE.
Suite, Apt. #, etc.

3. Mailing Address
5232 N.E. 18th AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL.

City & State
POMPANO BEACH, FL.

4. FEI Number
65-1154139

Applied For
 Not Applicable

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

Zip Country
33064 U.S.A.

Zip Country
33064 U.S.A.

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Carlos Feguilson

Street Address (P.O. Box Number is Not Acceptable)
5232 NE 18 AVE

City State Zip Code
POMPANO BEACH FL 33064

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

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<u>CARLOS FEGUILSON</u> <u>5232 N.E. 18th AVENUE</u> <u>POMPANO BEACH, FL. 33064</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>FRESH</u> <u>OWNER</u> <u>700018812297</u> <u>05/12/03--01104--001 **150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CARLOS FEGUILSON</u> <u>5232 NE 18 AVE</u> <u>POMPANO BEACH FL 33064</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>700018812297</u> <u>05/12/03--01104--002 **150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Feguilson 12/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

9/15

ATTACHMENT

2/2

CARLOS FEGUILSON, INC.
5232 NE 18TH AVENUE
POMPANO BEACH, FL. 33064

December 20, 2002

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: CARLOS FEGUILSON, INC
DOCUMENT# P01000110661

Dear Sir or Madam:


Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


CARLOS FEGUILSON

WC/re



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 20, 2003

CARLOS FEGUILSON, INC.
PO BOX 210
DEERFIELD BEACH, FL 33443

SUBJECT: CARLOS FEGUILSON, INC.
Ref. Number: P01000110661

We have received your document for CARLOS FEGUILSON, INC. and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 103A00031487