

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90022 050 ***150.00

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

DOCUMENT # P02000071361
 1. Entity Name
FENIX, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
231-ALTARA AVENUE

3. Mailing Address
231 ALTARA AVENUE

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

4. FEI Number **01-0733733** Applied For
 Not Applicable

Zip **33146** Country **USA** Zip **33146** Country **USA**

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MILLIE PERDOMO**

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

City **CORAL GABLES** **FL** Zip Code **33146**

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 *Millie Perdomo* **MILLIE PERDOMO** **09/12/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY - ST - ZIP	P HECTOR R FLESLER 231 ALTARA AVE CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hector R. Flesler* **President** **09/12/2003** **305-448-1648**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment# 80148851

September 12, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: FENIX, INC.
Document #P02000071361
2003 Uniform Business Report (UBR)

Dear Sir or Madam:

Enclosed find our 2003 Uniform Business Report and our check for \$150.00 for the filing fees for the year 2003.

Please be advised that due to the change of mailing address, we never received the Uniform Business Reports in the mail. On this date, our accountant notified us that the report had not been filed and needed to be filed immediately.

Our correct mailing address is: **231 Altara Avenue, Coral Gables, Florida 33146**

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

Hector Flesler
President