

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90399 001 ***150.00

02/10/03 AV

DOCUMENT # P96000084179



1. Entity Name
PHOENIX AMERICAN TECHNOLOGIES, INC.

Principal Place of Business
1101 BRICKELL AVENUE
NORTH TOWER, SUITE 1003
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVENUE
NORTH TOWER, SUITE 1003
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0702445

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FEDERICO, HUGO A
~~1541 BRICKELL AVE~~
~~APT 3805~~
MIAMI FL 33129

Name: **FEDERICO, Hugo A.**
Street Address (P.O. Box Number is Not Acceptable): **1101 BRICKELL AVE**
NORTH TOWER Suite 1003
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Hugo A. Federico* Executive Dir DATE: **02/07/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	FEDERICO, HUGO A	
STREET ADDRESS	1541 BRICKELL AVE, #3805	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	FEDERICO, ROSITA C	
STREET ADDRESS	1541 BRICKELL AVE, #3805	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1101 BRICKELL AVE, North Tower	
CITY-ST-ZIP	Suite 1003 - Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1101 BRICKELL AVENUE	
CITY-ST-ZIP	NORTH TOWER Suite 1003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hugo A. Federico*, Exec. Director 2/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **305 244 3355**

CR2E034 (10/02)