

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083125

1. Entity Name
FEDEGAN, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90093 009 ***150.00

Principal Place of Business 1101 BRICKELL AVENUE SUITE 1100 MIAMI FL 33131	Mailing Address 1101 BRICKELL AVENUE SUITE 1100 MIAMI FL 33131-3151
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1390 S. Dixie Hwy.</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc. <i>72224</i>	Suite, Apt. #, etc.
City & State <i>Coral Gables</i>	City & State
Zip <i>33146</i>	Country
Country <i>Miami-Dade</i>	Country

4. FEI Number <i>65-0949959</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, J. DAVID P.A.
1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ (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, 2000 Fee will be \$550.00
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	D <input type="checkbox"/> Delete VISBAL, JORGE ANIBAL 1101 BRICKELL AVENUE MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROSALES, RICARDO 1101 BRICKELL AVENUE MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARSINIEGAS, CAMILO 1101 BRICKELL AVENUE MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DELACRUZ, DIONISIO 1101 BRICKELL AVENUE MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE: _____ Date: *2/29/00* Daytime Phone # _____

CR2E034 (9/99)