

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90032 038 ***150.00

DOCUMENT # P99000083125

1. Entity Name
FEDEGAN, INC.

Principal Place of Business

1390 S. DIXIE HWY
#2224
MIAMI FL 33146

Mailing Address

1390 S. DIXIE HWY
#2224
MIAMI FL 33146



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

166 Harbor Drive
17

DO NOT WRITE IN THIS SPACE

City & State

City & State

Key Biscayne - FL

4. FEI Number

65-0949959

Applied For

Not Applicable

Zip

Country

Zip

Country

33149 USA

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	VISBAL, JORGE ANIBAL	1101 BRICKELL AVENUE MIAMI FL 33131				
	D	ROSALES, RICARDO	1101 BRICKELL AVENUE MIAMI FL 33131				
	D	ARSINIEGAS, CAMILO	1101 BRICKELL AVENUE MIAMI FL 33131				
	D	DELACRUZ, DIONISIO	1101 BRICKELL AVENUE MIAMI FL 33131				

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X abn 4/02 3056684440

CR2E034 (9/01)