## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P0000058024 1. Entity Name FELIPE MAINTENANCE INC. 05-04-2001 90028 050 \*\*\*158.75 Principal Place of Business Mailing Address 1461 NE 169TH STREET #122 1461 NE 169TH STREET #122 NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address 461 N.E 461 N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>1000</u> OUITE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASTANHO, JEANCARLO F 1461 NE 169TH STREET #122 NORTH MIAMI BEACH FL 33162 >-Zip Code 3162 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this 03-27-01 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . . . 9. This corporation is ligible to satisfy its in 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 PS.T.D. Change TITLE Delete TITLE CASTANHO, JEANCARLO F NAME NAME 1461 NE 169TH STREET #122 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP VICE-PRESIDENT TITLE ☐ Delete TITLE MARTA O. CASTANHO NAME NAME 1461 N.E. 169Th Street 7232 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEACH - PL. 33162 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 attachmently and address, with all other like empowered.

SIGNATURE MALLEN TO THE SIGNATURE MALLEN THE SIG

PRESIDENT

03-27-01

305/354-2773