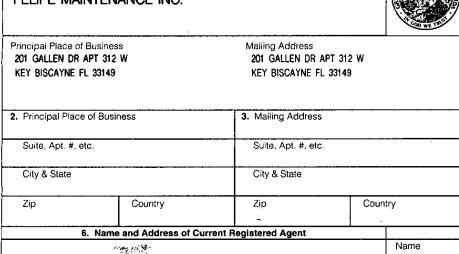
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



Apr 28, 2003 8:00 am & Secretary of State

FILED

DOCUMENT #	P00000058024	A
FELIPE MAINTENANCE	INC.	



Applied For 4. FEI Number 65-1015255 Not Applicable

☐ CHECK HERE IF MAKING CHANGES

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

CASTANHO, JEANCARLO F 201 GALLEN DR APT 312 W **KEY BISCAYNE FL 33149**

Name	
Street Address (P.O. Box Number is Not Account to the Address (P.O. Box	eptable)
Oit.	Zin Codo

7. Name and Address of New Registered Agent

. The above named entity submits this statement for the	furpose of changing its registered office or registered agen	t, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	, ,	
		01125103
IGNATURE	Tand	U4/23(U J

Signature, typed or printed

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

arne of registered agent and title it

9. Election Campaign Financing

Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CASTANHO, JEANCARLO F 201 GALLEN DR. APT 312 W KEY BISCAYNE FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
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NAME STREET ADDRESS CITY-ST-ZIP			—ȚITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition.
TITLE		☐ Delete	TITLE	☐ Change ☐ a	Addition

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 supplimental 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 thustee 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 attach

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP