

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91347 024 ***158.75

DOCUMENT # **P000 000 62067** ✓

1. Entity Name

FEAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1531 PORT ST. LUCIE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE FL

City & State

4. FEI Number

6511028909

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FEIM BASIN

Street Address (P.O. Box Number is Not Acceptable)

1531 SE PORT ST. LUCIE BLVD

City

Port St. Lucie

FL

Zip Code

34952

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DIRECTOR

STREET ADDRESS

BASIN ANNA

CITY-ST-ZIP

1531 SE PORT ST. LUCIE

CITY-ST-ZIP

BLVD FL 34952

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TITLE
NAME

STREET ADDRESS

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ANNA BASIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (561) 337-1105

Date

Daytime Phone #

CR2E034B (12/01)