

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED

Mar 15, 2001 8:00 am
Secretary of State

02-28-2001 90114 049 ***150.00

DOCUMENT # P00000086298

1. Entity Name
OBELIX ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2650 SW 154TH AVE
DAVIE FL 33331

2650 SW 154TH AVE
DAVIE FL 33331

2. Principal Place of Business

2650 SW 154TH AVE

Suite, Apt. #, etc.

DAVIE

City & State

3. Mailing Address

Suite, Apt. #, etc.

DAVIE

City & State

Zip

33331

Country

FL

Zip

33331

Country

FL

6. Name and Address of Current Registered Agent

BONETTO, FRANCOIS A
2300 GRIFFIN RD, SUITE 14
FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

65-1044405

65-1044405

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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, 2001 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: **D Administrator**
NAME: **BONETTO, FRANCOIS A**
STREET ADDRESS: **2300 GRIFFIN RD, SUITE 14**
CITY-ST-ZIP: **FT LAUDERDALE FL 33312**

☐ Delete

TITLE: **D SECRETARY**
NAME: **LEMIEUX, ELISE**
STREET ADDRESS: **2650 SW 154TH AVE**
CITY-ST-ZIP: **DAVIE FL 33331**

☐ Delete

TITLE: **D PRESIDENT**
NAME: **LEMIEUX, MICHEL**
STREET ADDRESS: **2650 SW 154TH AVE**
CITY-ST-ZIP: **DAVIE FL 33331**

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ 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 all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01
Date Daytime Phone #

CR2E034 (10/00)