FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am P00000086298 DOCUMENT # **Secretary of State** 1. Entity Name **OBELIX ENTERPRISES, INC.** 02-13-2002 90207 031 ***150.00 Principal Place of Business Mailing Address 2650-SW-154TH AVE 2650_SW-154TH-AVP DAVIE FL 33331 DAVIE FL 33331 2. Principal Place of Business Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-1044405 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Ager 7. Name and Address of New Registered Agent Name **BONETTO, FRANCOIS A** Street Address (P.O. Box Number is Not Acceptable) 2300 GRIFFIN RD, SUITE 14 FT LAUDERDALE FL 33312 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)DA Change ☐ Addition THILE ☐ Delete TITLE **BONETTO, FRANCOIS A** NAME NAME **CR2E034** 2300 GRIFFIN RD, SUITE 14 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-7IP ☐ Addition DS ☐ Delete TITLE ☐ Change TITLE LEMIEUX, ELISE NAME NAME 2650 SW 154TH AVE STREET ADDRESS STREET ADDRESS **DAVIE FL 33331** CITY-ST-7/P CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change LEMIEUX, MICHEL NAME NAME 2650 SW 154TH AVE STREET ADDRESS STREET ADDRESS DAVIE FL 33331 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition TITLE NĀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE 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 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.