

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90016 040 ***150.00

DOCUMENT # P00000111961

1. Entity Name
FEVI CORPORATION

Principal Place of Business

**1915 SW 107 AVENUE
 #407
 MIAMI FL 33165**

Mailing Address

**1915 SW 107 AVENUE
 #407
 MIAMI FL 33165**

2. Principal Place of Business

10729 SW 117 CoveT

Suite, Apt. #, etc.

3. Mailing Address

10729 SW 117 CoveT

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Zip

33186

Country

4. FEI Number

65-1078308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ARELYS

**10839 N. KENDALL DR. #151
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

NELSON GONZALEZ

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

10729 SW 117 CoveT

City

Miami

FL

Zip Code

33186

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-02

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, 2002 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 **PD** ☐ Delete
 NAME **GONZALEZ, NELSON**
 STREET ADDRESS **1915 S.W. 107 AVE., #407**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **NELSON GONZALEZ**
 STREET ADDRESS **10729 SW 117 CoveT**
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Change ☐ Addition
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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 NELSON GONZALEZ
 SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-02
 Date

305-299-1359
 Daytime Phone #

CR2E034 (9/01)