

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90163 026 \*\*\*150.00

**DOCUMENT # P01000001965**

1. Entity Name

**FENIX ELECTRICAL AND GENERAL SERVICE, INC**

Principal Place of Business

**1290 WESTON ROAD, SUITE 210  
 WESTON FL 33326**

Mailing Address

**1290 WESTON ROAD, SUITE 210  
 WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1066172**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GLOBAL BUSINESS SOLUTIONS GROUP CORP.  
 5440 STATE ROAD 7  
 SUITE 221  
 FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

**GBS CONSULTANTS**

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

**1290 WESTON ROAD**

**SUITE 210**

City

**WESTON**

**FL**

Zip Code

**33326**

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

*Maria Antonietta* **MARIA DIAZ President**

**04/24/02**

Signature, typed or printed name of registered agent and date 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, 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	<b>PSTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NORRIS, LUIS</b>	
STREET ADDRESS	<b>1290 WESTON ROAD, SUITE 210</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIAZ, MARIA ANTONIETTA</b>	
STREET ADDRESS	<b>1290 WESTON ROAD, SUITE 210</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Luis Norris* **LUIS NORRIS**

Date

Daytime Phone #

**4/23/02**

CR2E034 (9/01)