

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91801 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

11041914



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000038983			
1. Entity Name FIDEL ENTERPRISES, INC.			
Principal Place of Business 4408 CARVER STREET LAKE WORTH, FL 33461		Mailing Address 4408 CARVER STREET LAKE WORTH, FL 33461	
2. Principal Place of Business 229 Wisconsin st		3. Mailing Address 229 Wisconsin St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Worth FL		City & State Lake Worth FL	
4. FEI Number 65-1098343		Applied For <input type="checkbox"/> Not Applicable	
Zip 33461		Country PALM BEACH	
Zip 33461		Country Palm Beach	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AVILA, FIDEL O 4408 CARVER STREET LAKE WORTH, FL 33461		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AVILA, FIDEL O 4408 CARVER STREET LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition FIDEL ORTEGA AVILA, DP 229 WISCONSIN ST LAKE WORTH FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Fidel Ortega Avila</i>		4/30/03 561-723-1713	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)