9/16/2002-90092-004-$550.00-$550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 OCT 25 AM 11:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

B0138347

DOCUMENT # P01000045212

1. Entity Name

F. E. N. Investments, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
145 Madeira Ave.	
Suite, Apt. #, etc. #209	Suite, Apt. #, etc.
City & State Coral Gables, FL	City & State
Zip 33134 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1099895 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ana Maria Angulo

Street Address (P.O. Box Number is Not Acceptable): 5975 Sunset Dr. #503

City: S. Miami FL Zip Code: 33143

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 _____ 9/13/02

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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	Pres, Sec, Treas
NAME	Francisco Lopez-Boy
STREET ADDRESS	145 Madeira Ave. #209
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9-13-02 (305) 299-6415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #