

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90198 024 \*\*\*150.00

**DOCUMENT # P01000060319**

**1. Entity Name**  
**FELKA ENTERPRISES INC.**



**Principal Place of Business**  
**16919 N BAY ROAD #903**  
**NORTH MIAMI FL 33160**

**Mailing Address**  
**16919 N BAY ROAD #903**  
**NORTH MIAMI FL 33160**

**2. Principal Place of Business**  
**10687 NW 7 ST**

**3. Mailing Address**  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**PEMBROKE PINES FL**

**City & State**

**4. FEI Number** **65-1117077**

**Applied For**  
**Not Applicable**

**Zip**  
**33026**

**Country**

**Zip**

**Country**

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MERCHAN, LUIS FELIPE**  
**16919 N BAY ROAD #903**  
**NORTH MIAMI FL 33160**

**7. Name and Address of New Registered Agent**

**Name**  
**MERCHAN, LUIS FELIPE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10687 NW 7 ST**  
**City**  
**PEMBROKE PINES** **FL** **Zip Code**  
**33026**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>MERCHAN, LUIS FELIPE</b> <b>16919 N BAY ROAD #903</b> <b>NORTH MIAMI FL 33160</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MERCHAN, LUIS FELIPE</b> <b>10687 NW 7 ST.</b> <b>PEMBROKE PINES FL 33026</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**LUIS FELIPE MERCHAN**  
**DIRECTOR**  
**3/24/3 305-300-3393**

**Date**

**Daytime Phone #**

CR2E034 (10/02)