

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

DOCUMENT # PO1000060319

1. Entity Name

Felka Enterprises, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 26 AM 9:57

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10687 NW 7st

Suite, Apt. #, etc.

3. Mailing Address

10687 NW 7st

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33026

Country

USA

Zip

33026

Country

USA

4. FEI Number

051117077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Luis Felipe Hernandez

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

10687 NW 7st

City

Pembroke Pines

FL

Zip Code

33026

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

06/23/03

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	<u>OFFICIAL Director & Registered Agent</u>	TITLE	
NAME	<u>Katia Mariquez</u>	NAME	
STREET ADDRESS	<u>10687 NW 7st</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Pembroke Pines FL 33026</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Katia Mariquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/03
Date

6/26
Daytime Phone

CR2E034B (12/01)