

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90324 009 ***150.00

DOCUMENT # P01000066340					
1. Entity Name THE FENG SHUI STORE, INC.					
Principal Place of Business 685 CHELSEA RD LONGWOOD FL 32750			Mailing Address 685 CHELSEA RD LONGWOOD FL 32750		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3736193	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, SABRINA 685 CHELSEA RD LONGWOOD FL 32750			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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GARCIA, CARLOS		NAME		
STREET ADDRESS	685 CHELSEA RD		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP		
TITLE	DV	☒ Delete	TITLE	DV	☐ Change ☒ Addition
NAME	CASTRO, RAFAEL		NAME	GARCIA, IDA	
STREET ADDRESS	685 CHELSEA RD		STREET ADDRESS	685 Chelsea Rd	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	Longwood FL 32750	
TITLE	DS	☒ Delete	TITLE	DS	☐ Change ☒ Addition
NAME	CASTRO, MARCIA		NAME	GARCIA, CARLOS A	
STREET ADDRESS	685 CHELSEA RD		STREET ADDRESS	685 Chelsea Rd	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP	Longwood FL 32750	
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GARCIA, SABRINA		NAME		
STREET ADDRESS	685 CHELSEA RD		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 changes empowered.					
SIGNATURE: _____			04/12/03 Date 407-230-6260 Daytime Phone #		

CR2E034 (10/02)