FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 APR 29 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068856

1. Entity Name
FENIX INTERNATIONAL TRADING CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7220 N.W. 36 STREET		7220 N.W. 36 STREET	
Suite, Apt #, etc. STE. 641		Suite, Apt. #, etc. STE. 641	
City & State MIAMI - FL		City & State MIAMI - FL.	
Zip 33166	Country U.S.A.	Zip 33166	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1124190 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name SALVATORE F. LUCHERINO
Street Address (P.O. Box Number is Not Acceptable)
7220 N.W. 36 STREET STE. 641
City MIAMI FL Zip Code 33166

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) 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	D/P/S	TITLE	
NAME	SALVATORE F. LUCHERINO	NAME	
STREET ADDRESS	7220 N.W. 36 STREET #641	STREET ADDRESS	
CITY-ST-ZIP	MIAMI - FL 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

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: SALVATORE F. LUCHERINO 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DC 5/7/02