

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082229

1. Entity Name
PHOENIX I CORPORATION

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90109 037 ***150.00

Principal Place of Business
755 NE 159th St.
North Miami FL 33162

Mailing Address
755 NE 159th St.
North Miami FL 33162

70055164

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1133076		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HURTADO, ROSARIO M
755 NE 159th Street
North Miami FL 33162

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.

SIGNATURE

(Signature, typed or printed name of registered agent and filed if applicable)

(NOTE: Registered Agent signature required when re-stating)

Date

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00** May Be
Added to Fees

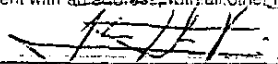
11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HURTADO, ROSARIO M	
STREET ADDRESS	755 N.E. 159th Street	
CITY-ST-ZIP	N. Miami FL 33162	
TITLE	D	☐ Delete
NAME	HURTADO, JHON	
STREET ADDRESS	755 N.E. 159th Street	
CITY-ST-ZIP	N. Miami FL 33162	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 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

Date

Daytime Phone #

CR2E034 (11/00)