

112

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

FILED

03 SEP 15 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110661  
1. Entity Name  
CARLOS FEGUILSON, INC.

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 02-03

2. Principal Place of Business  
5232 N.E. 18<sup>th</sup> AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
5232 N.E. 18<sup>th</sup> AVE.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BEACH, FL.

City & State  
POMPANO BEACH, FL.

Zip  
33064

Country  
U.S.A.

Zip  
33064

Country  
U.S.A.

4. FEI Number  
65-1154139

Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Carlos Feguilson

Street Address (P.O.-Box Number is Not Acceptable)  
5232 NE 18 AVE

City  
POMPANO BEACH FL Zip Code  
33064

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  
Carlos Feguilson

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

(NOTE: Registered Agent signature required when registering)

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>CARLOS FEGUILSON</u> <u>5232 N.E. 18<sup>th</sup> AVENUE</u> <u>POMPANO BEACH, FL. 33064</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CARLOS FEGUILSON</u> <u>5232 NE 18 AVE</u> <u>POMPANO BEACH FL 33064</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>700018812297</u> <u>05/12/03--01104--001 **150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>700018812297</u> <u>05/12/03--01104--002 **150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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: Carlos Feguilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/02

Date

Daytime Phone #

CR2E034B (12/01)

9/15

ATTACHMENT

2/2

**CARLOS FEGUILSON, INC.**  
**5232 NE 18<sup>TH</sup> AVENUE**  
**POMPANO BEACH, FL. 33064**

December 20, 2002

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: CARLOS FEGUILSON, INC.  
DOCUMENT# P01000110661

Dear Sir or Madam:


Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

  
CARLOS FEGUILSON

WC/re



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 20, 2003

CARLOS FEGUILSON, INC.  
PO BOX 210  
DEERFIELD BEACH, FL 33443

SUBJECT: CARLOS FEGUILSON, INC.  
Ref. Number: P01000110661

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We have received your document for CARLOS FEGUILSON, INC. and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 103A00031487