

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90736 024 \*\*\*150.00

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

DOCUMENT # P01000113182 ✓

1. Entity Name

Feel the breeze Inc.

95393

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3007 SE 5th st.

3. Mailing Address

3007 SE 5th st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

ft. laud. FL.

City &amp; State

ft. laud. FL.

Zip

33316.

Country

USA.

Zip

33316.

Country

DO NOT WRITE IN THIS SPACE

01-0564927

4. FEI Number

01-18-2002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Coby Benelisha

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

2445 SW 18th Terr # 803

City

ft. laud. FL.

State

FL

Zip Code

33315

33315

**DO NOT WRITE  
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

Coby Benelisha

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

(NOTE: Registered Agent signature required when registering)

DATE

5-22-02.

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 \$350.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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:

Coby Benelisha

Signature and typed or printed name of signing officer or director

5-22-02. 954-524-7808

Date

Daytime Phone #

CR2E034B (12/01)