

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90043 026 ***150.00

DOCUMENT # P02000003701

1. Entity Name

FENA, INC.



DO NOT WRITE IN THIS SPACE

20022710

2. Principal Place of Business
12765 Forest Hill Boulevard

3. Mailing Address
12765 Forest Hill Boulevard

Suite, Apt. #, etc.
Suite 1302

Suite, Apt. #, etc.
Suite 1302

DO NOT WRITE IN THIS SPACE

City & State
Wellington, Florida

City & State
Wellington, Florida

4. FEI Number
80-0022227

Applied For
Not Applicable

Zip
33414

Country
US

Zip
33414

Country
US

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
Mario G. de Mendoza, III, P.A.

Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard, Suite 1302

City
Wellington FL Zip Code
33414

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, the registered agent.

SIGNATURE *[Signature]* Mario G. de Mendoza, III, President: 01/21/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$450.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
Anzorreguy, Felix J.
12765 Forest Hill Boulevard, Suite 1302
Wellington, Florida 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
As
de Mendoza, Mario G III
12765 Forest Hill Boulevard, Suite 1302
Wellington, Florida 33414

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Felix J. Anzorreguy, President

(561) 784-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)