

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90234 037 \*\*\*150.00

DOCUMENT # P02000056162

1. Entity Name  
**FELICIA VELEZ P.A.**



Principal Place of Business  
**13428 FALCON POINTE DR  
ORLANDO FL 32837**

Mailing Address  
**13428 FALCON POINTE DR  
ORLANDO FL 32837**

2. Principal Place of Business  
**13428 Falcon Pointe Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**13428 Falcon Pointe Dr**  
Suite, Apt. #, etc.

City & State  
**Orlando FL**  
Zip  
**32837** Country  
**USA**

City & State  
**Orlando FL**  
Zip  
**32837** Country  
**USA**

4. FEI Number  
**02-0599533**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VELEZ, FELICIA P. A.**  
**13428 FALCON POINTE DR  
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name  
**Felicia Velez**  
Street Address (P.O. Box Number is Not Acceptable)  
**13428 Falcon Pointe Dr**  
City  
**Orlando** FL Zip Code  
**32837**

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
**President**  
NAME  
**Felicia Velez**  
STREET ADDRESS  
**13428 Falcon Pointe Dr.**  
CITY-ST-ZIP  
**Orlando FL 32837**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Felicia Velez (Pres)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/13/03 407-851-3139**  
Date Daytime Phone #

**Felicia Velez**

CR2E034 (4/03)