FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90350 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000058529

90097997

1. Entity Name
FELVINPEX USA CO.

Principal Place of Business	Mailing Address
1473 NORTHWEST 10TH STREET STE #3 DANIA BEACH, FL 33004	1473 NORTHWEST 10TH STREET STE #3 DANIA BEACH, FL 33004

2. Principal Place of Business	3. Mailing Address
882 OLEANDER DR	18000 NW 2 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION FL	City & State: MIAMI FL
Zip: 33317 Country	Zip: 33169 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: APPL. FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33146	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. 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 $150.00
After May 1, 2003 Fee Will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FELNAGY, LASZIO 1473 NORTHWEST 10TH STREET STE #3 DANIA BEACH, FL 33004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FELNAGY LASZLO 882 OLEANDER ST PLANTATION FL 33317 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PELLICER, L. ALLEN 1473 NORTHWEST 10TH STREET STE #3 DANIA BEACH, FL 33004 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] FELNAGY LASZLO 4-16-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #