Jan 16, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P02000097742

1. Entity Name FELTER, INC.

MIAM! FL 33176

City & State

SIGNATURE

6.

RODRIGUEZ, FELIPE M 11600 S.W. 98 AVENUE MIAMI FL 33176



Principal Place of Business 11600 S.W. 98 AVENUE

Mailing Address 11600 S.W. 98 AVENUE

MIAMI FL 33176

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

Country



FILED

01-16-2003 90056 007 ***158.75

☐ CHECK HERE IF MAK	ING CHANGES
4. FEI Number	Applied For
APPLICE FOR	Not Applicable

DATE

1 '		, C	our iu y	′ .	
Name and Address of Current R	egistered Agent	 -			 -

Zin.

City & State

\$8.75 Additional 5. Certificate of Status Desired *

_		F	ee Required
٠.	7. Name and Address of New	Registered Ac	ient.
1	Name	3	, o.ii.
L			
1	Street Address (P.O. Box Number is Not Acceptal	nie)	
L		0.0)	
L			
	City		Zip Code
L		FL	Zip Code

B. '	The above named entity submits this statement for the purpose of changing its available		<u> </u>
1	The above named entity submits this statement for the purpose of changing its registe he obligations of registered agent.	ered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	-5-16-00 49012		and aboopt

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title	if applicable
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Chec	k Payable to Florida Department of State			Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIBEOTOR	0.151.44
NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, FELIPE M 11600 S.W. 98 AVENUE MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	TO OFFICERS AN	□ Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	VSD RODRIGUEZ, MARIA T 11600 S.W. 98 AVENUE MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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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:

CR2E034 (10/02)