

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90061 003 ***150.00

DOCUMENT # P02000110124

1. Entity Name
FELFORT INTERNATIONAL USA, INC.



Principal Place of Business
6431 SW 116TH CT., SUITE B
MIAMI FL 33173

Mailing Address
6431 SW 116TH CT., SUITE B
MIAMI FL 33173

11007098



2. Principal Place of Business
10365 SW 88 ST

3. Mailing Address
10365 SW 88 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

34

34

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

4. FEI Number
71-0908633

Applied For
Not Applicable

Zip
33176

Country
U.S.

Zip
33176

Country
U.S.

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTO, JOSE M
6431 SW 116TH CT., SUITE B
MIAMI FL 33173

Name
SOTO JOSE M
Street Address (P.O. Box Number is Not Acceptable)
10365 SW 88 ST AP 34
City **MIAMI - FLORIDA** **FL** **Zip Code** **33176**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
FORT, JORGE
6431 SW 116TH CT., SUITE B
MIAMI FL 33173

TITLE
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FORT, JORGE
6431 SW 116TH CT., SUITE B
MIAMI FL 33173

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. SOTO

4/18/03

305-595-2732

Date

Daytime Phone #

CR2E034 (10/02)