


07-18-2005 90042 019 \*\*\*300.00  
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**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

05 JUL 22 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000047342 1. Entity Name FEMAX REMODELING, INC.	
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**DO NOT WRITE IN THIS SPACE**

50055582

**REINSTATEMENT** 04-05

NOT

2. Principal Place of Business 16236 SW 14th St.		3. Mailing Address Suite, Apt. #, etc.	
City & State Pembroke Pines, Florida		City & State	
Zip 33027	Country US	Zip	Country
4. FEI Number 42-1592225		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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**7. Name and Address of Current Registered Agent**

Name Rafael Fhima
Street Address (P.O. Box Number is Not Acceptable) 16236 SW 14th ST
City Pembroke Pines
FL 33027

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 Rafael Fhima DATE 07/13/05  
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25

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
President	Rafael Fhima	16236 SW 14th St.	Pembroke Pines, FL 33027
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

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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: President DATE 07/13/2005 954-472-3124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

ATTACHMENT  
500555-82  
**FEMAX REMODELING, INC.**  
**16236 SW 14<sup>th</sup> ST.**  
**PEMBROKE PINES, FL 33027**

July 13, 2005

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please be advised that the mailing address for my corporation has changed and I never received my year UBR forms.

As per the instructions that I received when calling your office in reference to this matter, I have enclosed a UBR that I have filled out with my new address along with a check to cover the filing fees for my corporation 2004 and 2005.

Please accept the enclosed report and payment of \$150.00 per year ( \$300.00 ) in full satisfaction of my filing requirements.

Thank you,



Rafael Fhima  
President