2001 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P97000025302 1. Entity Name MANUEL FELIPE & ASSOCIATES, INC. 05-07-2001 90034 005 ***150.00 Mailing Address Principal Place of Business 2450 SOUTHWEST 137TH AVENUE 2450 SOUTHWEST 137TH AVENUE SUITE 221 SUITE 221 **MIAMI FL 33175** MIAM! FL 33175 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0747933 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. FELIPE, MANUEL Street Address (P.O. Box Number is Not Acceptable) 2414 SW 137TH AVE MIAMI FL 33175 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. XI Change ☐ Addition PDT ☐ Delete TITLE TITLE FELIPE, MANUEL 8500 S.W. 8th Street, SUITE 202 NAME FELIPE, MANUEL NAME 2414 SW-137TH AVE STREET ADDRESS STREET ADDRESS MIAMI, FLORIDA 33144 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 Change ☐ Addition VDS ☐ Delete TITLE TITLE SCHAEFER, YOLANDA SCHAEFER, YOLANDA NAME NAME 8500 S.W. 8th STREET, SUITE 202 STREET ADDRESS 2414 SW 137TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FLORIDA 33144 CITY-ST-ZIP **MIAMI FL 33175** Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/14/01

305-265-8308

Daytime Phone #

Change

☐ Addition

Law Office MARCIA B. CABALLERO Professional Association

Attachment 970000 25302 759163

2450 Southwest 137th Avenue Suite 221 Miami, Florida 33175 Telephone (305) 553-8020 Telecopier (305) 226-3740

April 17, 2001 Tuesday

Annual Report Filings
Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE:

MANUEL FELIPE & ASSOCIATES, INC Document Number P970000025302

Gentlemen:

Please find enclosed the Corporate Annual Report for the above-described corporation together with check in the sum of \$150.00 to cover your filing fee.

Sincerely,

Secretary for MARCIA B. CABALLERO, ESQ.

Enclosures