


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90708 037 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P97000086625	
1. Entity Name <b>FELIX &amp; CHRISSY CORPORATION</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>24810 SW 177 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>17320 SW 288 St</b> Suite, Apt. #, etc.	
City & State <b>Homestead, FL</b>		City & State <b>Homestead, FL</b>	
Zip <b>33030</b>	Country <b>USA</b>	Zip <b>33030</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0790511</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <b>JOHN P. MAAS</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>48 NE 16 ST</b>		
	City <b>HOMESTEAD</b>	FL	Zip Code <b>33030</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**January 1 - May 1, Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>DP LOPEZ, GLORIA 17320 SW 288 St Homestead, FL 33030</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-29-03**

CR2E034B (12/02)