

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087408

1. Entity Name

FEBA COMPANY

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90253 003 \*\*\*150.00

Principal Place of Business

12114 SW 117 CT  
MIAMI FL 33186

Mailing Address

12440 SW 117TH COURT  
MIAMI FL 33186

2. Principal Place of Business

11050 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 108

3. Mailing Address

11050 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 108

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33176

Country

U.S.A.

Zip

33176

Country

U.S.A.

4. FEI Number

65-0787380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTISTINI, FRANCO E  
12114 SW 117 COURT  
MIAMI FL 33186

Name

Battistini, Franco E

Street Address (P.O. Box Number is Not Acceptable)

11050 N. Kendall Dr.  
Suite 108

City

Miami

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME BATTISTINI, FRANCO E  
STREET ADDRESS 12440 SW 117TH COURT  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE PSTD  
NAME Battistini Franco E  
STREET ADDRESS 11050 N. Kendall Dr. suite 108  
CITY-ST-ZIP Miami, FL 33176

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 or 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01 305-412-1919

Date

Daytime Phone #

CR2E034 (10/00)