

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90074 048 ***150.00

DOCUMENT # P97000092895

1. Entity Name
FELIPE'S ENTERPRISES, INC.



Principal Place of Business
**4179 W. 41ST LN
HIALEAH FL 33010**

Mailing Address
**7751 S.W. 26TH ST
MIAMI FL 33155**



2. Principal Place of Business
10651 NW 132 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HIALEAH GARDENS

City & State

4. FEI Number **65-0799299**

Applied For
Not Applicable

Zip
33018

Country
MIAMI-DADE

Zip

Country

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

**ROBLES, MERCY
7751 SW 26TH ST
MIAMI FL 33155**

Name

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

City

FL

Zip Code

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 _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARCINIEGAS, ZORABEL O	
STREET ADDRESS	6041 W. 24 AVE. #113	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ROBLES-GARCIA, MERCY	
STREET ADDRESS	7751 S.W. 26 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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 powers.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 (305) 416-1269
Date Daytime Phone #

CR2E034 (10/02)