FILED Apr 23, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000102269

DOCUMENT #

| 1. Entity Name PHOENIX ENTERPRISES OF USA, INC. | | | | | | 04-23-2003 90118 0 | 30 ***150 | .00 | |
|---|---|---|------------------------|--|--|---|-----------------------|-----------------------------|--|
| Principal Place of Business 1401 DEWEY ST. HOLLYWOOD FL 33020 | | Mailing Address 1401 DEWEY ST. 202 HOLLYWOOD FL 33020 | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | _ | | 00118 11010 11010 | 0) 11 101 1601 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | 4. FE | 65-0798818 | | oplied For ot Applicable | |
| Zip Country | | Zip Cour | | Iry | 5. Certificate of Status Desired | | | | |
| | 6. Name and Address of Curren | nt Registered Agent | | | 7. Na | me and Address of New Registered | Agent | | |
| | | | | Name | _ | | | | |
| LAMOTHE, FERNAND 1401 DEWEY ST. | | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| HOLLYWOOD FL 33020 | | | | | | <u> </u> | | | |
| 11000 | 333 1 2 33323 | | | City | | FL | Zip Cod | e | |
| the obliga SIGNATURE | s named entity submits this statement tions of registered agent. Signature, typed or printed name of registered agent. ILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 | nt and title if applicable. (Ni | | I Agent signature requ | | pElection Campaign Financing | | 0 May Be | |
| | k Payable to Florida Department | | | | | Trust Fund Contribution. | Added | I to Fees | |
| 10. | OFFICERS AND DIRECTORS | | 11. | 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Bradley, Stephanie 11251 Sw 12th Manor Fort Lauderdale Fl 33325 | ☐ Delete | | 1 | | | □ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | 1 | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | l l | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREE | - | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | *************************************** | ☐ Change | Addition | |
| TITLE | | Nelete | TITLE | | | | Change | ☐ Addition | |

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 empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

Daytime Phone #

AND VI

CR2E034 (10/02)