

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90298 024 ***150.00

DOCUMENT # P98000070354

1. Entity Name
FELIMA, INC.

Principal Place of Business

Mailing Address

~~610 WASHINGTON AVE, STE 200~~
~~MIAMI BEACH FL 33139~~

~~610 WASHINGTON AVE, STE 200~~
~~MIAMI BEACH FL 33139~~

2. Principal Place of Business

3. Mailing Address

7772 TATUM WATERWAY DR

7772 TATUM WATERWAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

#2

City & State

City & State

MIAMI BEACH

MIAMI BEACH FLORIDA

Zip

Country

Zip

Country

33141

FLORIDA

33141

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FINLEY CHANDLER & CO.~~
~~710 WASHINGTON AVE, STE 3~~
~~MIAMI BEACH FL 33139~~

Name

LIONEL ROGELET

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

#2 TATUM WATERWAY DR
7772

City

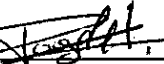
MIAMI BEACH

FL

Zip Code

33141

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  **LIONEL ROGELET**

04-26-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	ROGELET, LIONEL	
STREET ADDRESS	7772 TATUM WATER WAY DR., APT 2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

 **LIONEL ROGELET**

Date

Daytime Phone #

04-26-01 305-299-0923

CR2E034 (10/00)