

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000089128

FILED
May 01, 2003
Secretary of State

Entity Name: FELIX PROPERTY CARE, INC.

Current Principal Place of Business:

650 S.W. 123RD AVENUE
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

650 S.W. 123RD AVENUE
MIAMI, FL 33184

New Mailing Address:

FEI Number: 65-0870357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, FELIX J
650 S.W. 123RD AVENUE
MIAMI, FL 33184

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FUENTES, FELIX J
Address: 1590 N.E. 127TH STREET #101
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: FUENTES, ANDREA V
Address: 650 SW 123RD AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FUENTES, FELIX J
Address: 650 SW 123RD AVENUE
City-St-Zip: MIAMI, FL 33184 US

Title: D (X) Change () Addition
Name: FUENTES, ANDREA V
Address: 650 SW 123RD AVE
City-St-Zip: MIAMI, FL 33184 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA FUENTES

D

05/01/2003

Electronic Signature of Signing Officer or Director

Date