2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P99000077426** May 11, 2000 8:00 am Secretary of State FELBO OF FLORIDA, INC. 05-11-2000 90306 043 ***150.00 Principal Place of Business Mailing Address 5975 S.W. 137 AVE..UNIT 102 5975 S.W. 137 AVE..UNIT 102 MIAMI FL 33183-2057 MIAMI FL 33183 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0941662 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D'COSTA, ADY'S Street Address (P.O. Box Number is Not Acceptable) 5975 S.W. 137 AVE.,UNIT 102 **MIAMI FL 33183** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE __ FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Addition Delete TITLE NAME **BOLANO, FELIPE** NAME STREET ADDRESS STREET ADDRESS 5975 S.W. 137 AVE., UNIT 102 CITY-ST-ZiP CITY-ST-ZIP **MIAMI FL 33183** TITLE ☐ Defete TITLE ANO. D'COSTA, ADYS NAME NAME STREET ADDRESS STREET ADDRESS 5975 S.W. 137 AVE., UNIT 102 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 ☐ Delete TITLE SALAZAR, LISSETTE NAME NAME STREET ADDRESS STREET ADDRESS 5975 S.W. 137 AVE.,UNIT 102 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SALAZAR, TAVIS NAME STREET ADDRESS STREET ADDRESS 5975 S.W. 137 AVE., UNIT 102 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Change " Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 appliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 indicated on this report or sopplemental repo of the corporation or the receiver or trusted or changed, or on an attachment with an address