

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90073 002 \*\*\*150.00

**DOCUMENT # P99000077426**

**1. Entity Name**  
**FELBO OF FLORIDA, INC.**

**Principal Place of Business**

**5975 S.W. 137 AVE.**  
**UNIT 102**  
**MIAMI FL 33183**

**Mailing Address**

**5975 S.W. 137 AVE.**  
**UNIT 102**  
**MIAMI FL 33183**



**2. Principal Place of Business**

**1740 NW North River Drive**  
**#117**

**3. Mailing Address**

**1740 NW North River Drive**  
**#117**

DO NOT WRITE IN THIS SPACE

**City & State**  
**MIAMI, Florida**

**Zip** **33125** **Country** **DADE**

**City & State**  
**MIAMI, FL 33125**

**Zip** **33125** **Country** **DADE**

**4. FEI Number** **65-0941662**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**D'COSTA, ADY'S**  
**5975 S.W. 137 AVE., UNIT 102**  
**MIAMI FL 33183**

**7. Name and Address of New Registered Agent**

**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.**

**SIGNATURE**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>DCOSTA, ADYS</b> <input type="checkbox"/> Delete <b>5975 S.W. 137 AVE., UNIT 102</b> <b>MIAMI FL 33183</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1740 NW North River Drive #117</b> <b>MIAMI, FLORIDA 33125</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> <b>BOLANO, FELIPE</b> <input type="checkbox"/> Delete <b>5975 S.W. 137 AVE., UNIT 102</b> <b>MIAMI FL 33183</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1740 NW North River Drive #117</b> <b>MIAMI, FL 33125</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>SALAZAR, LISSETTE</b> <input type="checkbox"/> Delete <b>5975 S.W. 137 AVE., UNIT 102</b> <b>MIAMI FL 33183</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>SALAZAR, TAVIS</b> <input checked="" type="checkbox"/> Delete <b>5975 S.W. 137 AVE., UNIT 102</b> <b>MIAMI FL 33183</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 an other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/26/02 (305) 324-0863**  
 Date Daytime Phone #

CR2E034 (9/01)