

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90002 045 ***550.00

DOCUMENT # P99000083125

1. Entity Name
FEDEGAN, INC.

Principal Place of Business
1390 S. DIXIE HWY
#2224
MIAMI FL 33146

Mailing Address
1390 S. DIXIE HWY
#2224
MIAMI FL 33146

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

Zip
 Country

4. FEI Number **65-0949959**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, J. DAVID P.A.
1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

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, 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 **D** ☐ Delete
 NAME **VISBAL, JORGE ANIBAL**
 STREET ADDRESS **1101 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **ROSALES, RICARDO**
 STREET ADDRESS **1101 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **ARSINIEGAS, CAMILO**
 STREET ADDRESS **1101 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
 NAME **DELACRUZ, DIONISIO**
 STREET ADDRESS **1101 BRICKELL AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date _____ Daytime Phone # _____