

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084395

1. Entity Name

FENIX INTERNATIONAL INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90035 047 ***150.00

Principal Place of Business

12963 SW 150TH TERR.
 MIAMI FL 33186

Mailing Address

12963 SW 150TH TERR.
 MIAMI FL 33186-7603

2. Principal Place of Business

8001 N.W. 36 ST.
 Suite, Apt. #, etc.
 104

3. Mailing Address

8001 N.W. 36 ST.
 Suite, Apt. #, etc.
 104

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
 33166

Country
 USA

Zip
 33166

Country
 USA

4. FEI Number

65-0949371

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

PALACIOS, ADELINA
 12963 SW 150TH TERR.
 MIAMI FL 33186

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, 2000 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 PD ☐ Delete
 NAME PALACIOS, ADELINA
 STREET ADDRESS 12963 SW 150TH TERR.
 CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 #

4-30-00 (305)597-0002

CR2E034 (9/99)