## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 28, 2002 8:00 am Secretary of State P99000084395 DOCUMENT # 1. Entity Name FENIX INTERNATIONAL INC. 05-28-2002 91628 030 \*\*\*158.75 Principal Place of Business Mailing Address 1448 NW 78 AVE. 1448 NW 78 AVE. MIAMI FL 33126 104 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 8407 N.W 70 STREET 11531 S.W 153 Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI 65-0949371 Miami Not Applicable 5. Certificate of Status Desired \_ X \_ \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALACIOS, ADELINA Alacios Street Address (P.O. Box Number is Not Acceptable) 12963 SW 150TH TERR. MIAMI FL 33186 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 4-11-02 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) ★ Addition PALACIOS, ADELINA NAME AIFREDO PALACIOS NAME 12963 SW 150TH TERR. STREET ADDRESS 11531 S.W 153 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP HÌAHÌ FI. 33196 TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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