

PA9000103390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

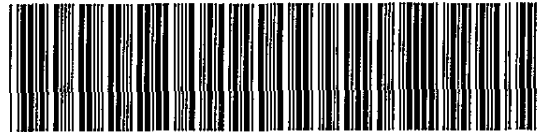
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500032952145

04/19/04--01042--001 \*\*35.00

FILED

04 MAY -4 AM 9:55

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

R. Archer  
MAD 5/3

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FEIN IMPER INC.  
(Name of corporation)

**DOCUMENT NUMBER:** P99000103390

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEF L. KISS  
(Name of person)

KISSIMPER LC  
(Name of firm/company)

1321 N. FEDERAL HWY  
(Address)

HOLLYWOOD, FL 33020  
(City/state and zip code)

For further information concerning this matter, please call:

JOSEF L. KISS at 954, 647-7236  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 26, 2004

JOZSEF L. KISS  
KISSIMPEXP LC  
1321 N. FEDERAL HWY.  
HOLLYWOOD, FL 33020

SUBJECT: FEIN IMPEX, INC.  
Ref. Number: P99000103390

We have received your document for FEIN IMPEX, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey  
Document Specialist

Letter Number: 204A00027510

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FEIN IMPER INC.
2. The principal office address: 1321 N. FEDERAL HWY, HOLLYWOOD, FL 33020
3. The mailing address (if different): SAME AS PRINCIPAL OFFICE ADDRESS
4. Date of incorporation/qualification: 11/30/99 Document number: P99000103390

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES, FL 33134

CLERK OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -4 AM 9:55

FILED

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Fozzef. L. Kiss (KISSIMPEXP L.L.C.)

1321. N. Federal Hwy HWY. FL. 33021.

(P.O. Box or personal mailbox NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Rosemary Fein  
(Signature of an officer or director)

ROSEMARY FEIN, VICE-PRESIDENT  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

04/14/04

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314