

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90099 033 ***158.75

0169214

DOCUMENT # M04850

1. Entity Name
EXEX, INC.

Principal Place of Business
**1602 ALTON ROAD
 PMB 100
 MIAMI BEACH FL 33139
 US**

Mailing Address
**1602 ALTON ROAD
 PMB 100
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business
1602 Alton Road

3. Mailing Address
1602 Alton Road

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Miami Beach, Florida

City & State
Miami Beach, Florida

4. FEI Number **59-2442340**

Applied For
 Not Applicable

Zip Country
33139 U.S.A.

Zip Country
33139 U.S.A./

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
 100 S E SECOND STREET
 2315-A
 MIAMI FL 33131**

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 _____ (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	P	<input checked="" type="checkbox"/> Delete
NAME	PANGLE, L	
STREET ADDRESS	1602 ALTON ROAD, SUITE 100	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	DELLAVEDOVA, ANDRES	
STREET ADDRESS	1602 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HENLEY, J.	
STREET ADDRESS	444 BRICKELL AVE #51-246	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VASD	<input checked="" type="checkbox"/> Delete
NAME	SMEJDA, L	
STREET ADDRESS	1602 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANGLE, L.	
STREET ADDRESS	1602 Alton Road, # 100	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	V - AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLAVEDOVA, A.	
STREET ADDRESS	1602 Alton Road, #100	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	P - S - D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, A.	
STREET ADDRESS	1602 Alton Road - #100	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: A. Dellavedova Date: 04/17/01 (305) 358-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)