

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90224 015 ***158.75

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DOCUMENT # M53434

1. Entity Name
INTELLEX CORPORATION



Principal Place of Business
**444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131**

Mailing Address
**444 BRICKELL AVENUE
SUITE 51-246
MIAMI FL 33131**



2. Principal Place of Business
300 BISCAYNE BLVD. WAY

Suite, Apt. #, etc.
901

City & State
MIAMI, FL

3. Mailing Address
300 BISCAYNE BLVD. WAY

Suite, Apt. #, etc.
901

City & State
MIAMI, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0036237

Applied For
Not Applicable

Zip
33131

Country
US

Zip
33131

Country
US

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

6. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
100 SE SECOND ST #2315-A
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
CYBEREX, INC.
Street Address (P.O. Box Number is Not Acceptable)
300 BISCAYNE BLVD. WAY
901
City
MIAMI FL Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CYBEREX, INC.** 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BPAS HENLEY, J. 444 BRICKELL AVE., SUITE 51-246 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSAT KANSY, J P 444 BRICKELL AVE 51-246 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST WILLEY, N 444 BRICKELL AVE 51-246 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P-AS ROMAN, M. 300 BISCAYNE BLVD. WAY #901 MIAMI, FL 331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-S-AT KANSY, J.P. 300 BISCAYNE BLVD. WAY #901 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S-T WILLEY, N. 300 BISCAYNE BLVD. WAY #901 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: **SIGNATURE REQUIRED M. ROMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (305) 358-4441
Date Daytime Phone #

CR2E034 (10/02)