

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031936

1. Entity Name
NAFTEX INTERNATIONAL, INC.

FILED

01 JUL 16 PM 1:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1603 W MCNAB RD 1000 WEST MCNAB ROAD
 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

2. Principal Place of Business 3. Mailing Address
 1000 W. MCNAB ROAD 1455 SOUTHFORD RD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE K
 City & State City & State
 POMPANO BEACH, FL SOUTHBURY CT

Zip Country Zip Country
 33069 USA 06488 U.S.A.

4. FEI Number 65-0828699 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HIBERT, THOMAS J
 1603 WEST MCNAB RD
 POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
 Name
 THOMAS J. HIBERT
 Street Address (P.O. Box Number is Not Acceptable)
 8522 N.W. 2ND MANOR
 City
 CORAL SPRINGS FL Zip Code
 33071

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 Registered Agent 7/13/01
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HIBERT, TOM 1603 WEST MCNAB RD POMPANO BEACH FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MIESES, JUAN 1000 WEST MCNAB ROAD POMPANO BEACH FL 33069
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V. HIBERT HIBERT, TOM 8522 N.W. 2ND MANOR CORAL SPRINGS FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004533753--9 -08/14/01--01043--019 ****558.75 ****558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P MICHAEL J. MARDIS 1455 SOUTHFORD RD, SUITE K SOUTHBURY CT 06488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MANUEL MEDINA 1000 WEST MCNAB ROAD POMPANO BEACH, FL 33069
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

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: MICHAEL J. MARDIS 02/02/01 (203) 264-2442
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)