## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 06, 2002 8:00 am Secretary of State P98000031936 DOCUMENT # 1. Entity Name 05-06-2002 90202 037 \*\*\*158.75 NAFTEX INTERNATIONAL, INC. Principal Place of Business Mailing Address 1000 W. MCNAB RD. 1455 SOUTHFORD RD., STE, K 040400 POMPANO BEACH FL 33069 SOUTHBURY CT 06488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0828699 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent I.HOMAS 8522 N.W. 2ND MANOR CORAL SPRINGS FL 33071 8. The above named Inity 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) -Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. M Change Addition ☐ Delete TITI F TITLE HIBERT, TOM HIBERT, TOM NAME NAME 9044 W. ATLANTIC BLVA # 313 STREET ADDRESS 8522 N.W. 2ND MANOR STREET ADDRESS CORAL SPRINGS, FL. 33071 **CORAL SPRINGS FL 33071** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MARDIS. MICHAEL J NAME NAME STREET ADDRESS 1455 SOUTHFORD RD., STE. K STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOUTHBURY CT 06488** ☐ Change ☐ Addition TITLE ☐ Delete NAME MEDINA, MANUEL-STREET ADDRESS 1000 W. MCNAB RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 empty ference execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED