2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90159 044 ***158.75

DOCUMENT # P98000073584

1. Entity Name
C-MIX, CORP.

Principal Place of Business
~~1395 NW 17TH AVE SUITE 200~~ 17th 109
~~DELRAY BCH FL 33433~~

Mailing Address
~~1395 NW 17TH AVE SUITE 200~~ 109
~~DELRAY BCH FL 33433~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1395 NW 17th Ave	Same
Suite, Apt. #, etc. 109	Suite, Apt. #, etc.
City & State DELRAY BEACH FL	City & State
Zip 33445 / Country Palm Beach L	Zip / Country

4. FEI Number 65-0858225 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HERBSTMAN, WARREN
7922 VILLA NOVA DRIVE N
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
Name FRED ROSENFIELD
Street Address (P.O. Box Number is Not Acceptable) 9733 ARBOR OAKS LANE # 30
City BOCA RATON FL Zip Code 33428

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 ______
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, 2002 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		
TITLE	D	☐ Delete
NAME	HERBSTMAN, WARREN	
STREET ADDRESS	7922 VILLA NOVA DRIVE N	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	☐ Delete
NAME	ROSENFIELD, FRED	
STREET ADDRESS	1395 NW 17th Ave Suite 109	
CITY-ST-ZIP	DELRAY BEACH, Fl 33445	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: ______ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #