## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 553512** Jan 19, 2000 8:00 am Secretary of State 1. Entity Name CONEX INC. 01-19-2000 90317 039 \*\*\*150.00 Principal Place of Business Mailing Address 11030 NW 62ND AVE. 11030 NW 62ND AVE. HIALEAH FL 33012-2318 HIALEAH FL 33012 VOODITOR 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1818336 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. **CORREIA.ISMELIA MARY** Street Address (P.O. Box Number is Not Acceptable) 11030 NW-62ND, AVE HIALEAH FL FL 33012 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 . Signature, typed or printed name of registered agent and title if applicable. (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change ☐ Addition TITLE NAME COBO, ARMANDO NAME STREET ADDRESS STREET ADDRESS 221 E 38TH ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 00000 ☐ Addition Change Delete TITLE FARAH, ROSERMARY NAME STREET ADDRESS 7345 GLENEAGLE DR STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL CITY-ST-ZIP STD~ Change Change Addition TITLE ☐ Delete ~ ~ CORREIA: ISMELIA NAME STREET ADDRESS 11030 N W 62 AVE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 00000 CITY-ST-ZIP TITLE Change ☐ Addition TITLE □ Delete NAMĘ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR