2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 24, 2001 8:00 am DOCUMENT # P0000050264 **Secretary of State** 1. Entity Name ELIX PUBLISHING, INC. 01-24-2001 90020 024 ***150.00 Principal Place of Business Mailing Address 125 JEFFERSON AVE., STE. 117 125 JEFFERSON AVE., STE. 117 MIAMI BEACH FL 33139 MIAMIL BEACH FL 33139 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1021605 Not Applicable \$8.75 Additional NISA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRUBMAN, JEFEREY'S ESQ. C/O-HERMAN & GRUBMAN, P.A. 100 SE SECOND ST., STE. 2600 **MIAMI FL 33131** for the proose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this Signature, typed or (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to sa 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ☐ Delete ;R2E034 (10/00) Change Addition TITLE TITLE BOTIJA, RAFAEL PEREZ PEREZ BOTUA, RAFAEL NAME NAME 100 SE 2110 St. SUHE 2600 125 JEFFERSON AVE., STE. 117 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI A Addition TITLE Delete TITLE ☐ Change MARGARITA MARTOS REYGADAS, JOSE ALFREDO NAME NAME 100 SE 240 St, Suite 2600 125 JEEFERSON AVE., STE. 117 STREET ADDRESS STREET ADDRESS MAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP MAMI R. 33131 Secretaev TITLE ☐ Delete ☐ Change **Addition** Jose A. Reygadas NAME 100 SE ZNI ST. SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33131 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IF TITLE ☐ ∩elete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information su indicated on this report or supplement of the corporation or the receiver or tru l report is see empo changed, or on an attachment with an ad