

2000 UNIFORM BUSINESS REPORT

DOCUMENT # F71780

1. Entity Name

DISTEX, INC.

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-04-2000 90087 050 ***150.00

Principal Place of Business
550 BILTMORE WAY
SUITE 1120
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY
SUITE 1120
CORAL GABLES FL 33134-5721

104975

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWDER, MILDRED S
WEISENFELD & ASSOCIATES, P.A.
550 BILTMORE WAY, STE. 1120
CORAL GABLES FL 33134

Name Joseph J. Weisenfeld
Street Address (P.O. Box Number is Not Acceptable)
550 B. Hmore Way, Suite 1120
City Coral Gables FL Zip Code 33134

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

Joseph J. Weisenfeld

4/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input type="checkbox"/> Delete
NAME	WEISENFELD, JOSEPH J.	
STREET ADDRESS	550 BILTMORE WAY, STE. 1120	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SO	<input checked="" type="checkbox"/> Delete
NAME	CROWDER, MILDRED S	
STREET ADDRESS	550 BILTMORE WAY, STE. 1120	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Weisenfeld 4/28/00 305-WY-4477

Date

Daytime Phone #

CR2E034 (9/99)