

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F88392

1. Entity Name

MEFEX INTERNATIONAL CORP.

NEW ADDRESS

3536 W. Flagler St.
Miami, FL 33135

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90038 019 ***150.00

Principal Place of Business

Mailing Address

620 N.W. 33 RD AVENUE
MIAMI FL 33125
US

NO

620 N.W. 33RD AVENUE
MIAMI FL 33125-4106
US

NO

2. Principal Place of Business

3. Mailing Address

3536 W. Flagler St.,
Suite, Apt. #, etc.

same
Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

4. FEI Number

59-2218485

Applied For

Not Applicable

Zip

33135

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

FONGON, ROLANDO
911 E. PONCE DE LEON BLVD. (901)
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Rolando Fongon

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 **P** ☒ Delete
NAME **FONGON, ROLANDO**
STREET ADDRESS **911 E. PONCE DE LEON #901**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **ST** ☒ Delete
NAME **FONGON, ANA M**
STREET ADDRESS **911 E PONCE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **President:** ☒ Change ☐ Addition
NAME **Ana M. Rodriguez**
STREET ADDRESS **911 E. Ponce Leon Blvd. (901)**
CITY-ST-ZIP **Coral Gables, Fl. 33134**

TITLE **Secretary:** ☒ Change ☐ Addition
NAME **Ana M. Rodriguez**
STREET ADDRESS **911 E. Ponce Leon Blvd. (901)**
CITY-ST-ZIP **Coral Gables, Fl. 33134**

TITLE ☐ Change ☐ Addition
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NAME
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:

Ana M. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

305-642-7118

Daytime Phone #

CR2E034 (9/99)