

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77046

1. Entity Name
FLESANTEX INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90193 044 ***150.00

Principal Place of Business

782 NW LEJEUNE RD
STE 550-530
MIAMI FL 33126

Mailing Address

782 NW LEJEUNE RD
STE 550-530
MIAMI FL 33126

2. Principal Place of Business

782 NW LeJeune Rd

Suite, Apt. #, etc.
Suite 530

City & State
Miami - FL

Zip
33126

Country
USA

3. Mailing Address

782 NW LeJeune Rd

Suite, Apt. #, etc.
Suite 530

City & State
Miami, FL

Zip
33126

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2376327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEITAS, ROBERT F., JR.
782 NW LEJEUNE RD
STE 550-530
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
782 NW LeJeune Rd
Suite 530
City
MIAMI FL Zip Code
33126

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 DATE 2-1-2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FLEITAS, ROBERTO
782 NW 42 AVE-550-530
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
782 NW LeJeune Rd
#530 MIAMI, FL 33126 ☒ Change ☐ Addition

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

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

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

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

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

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)