

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K58695

1. Entity Name

NICROX CORPORATION

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

04-28-2000 90064 050 ***150.00

Principal Place of Business

Mailing Address

11865 SW 26 STREET
MIAMI FL 33157
US

C/P J. HERNANDEZ
1150 NW 72ND AVE., #307
MIAMI FL 33126-1920
US

2. Principal Place of Business

7270 NW 125T

3. Mailing Address

7270 NW 125T

Suite, Apt., #, etc.

STE 545

Suite, Apt., #, etc.

STE 545

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0137417

Applied For

Not Applicable

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

LINARES, DIEGO
8124 SW 158TH TERRACE
MIAMI FL 33175

Name

LINARES DIEGO (90. ALTONA)

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

7270 NW 125T STE 545

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

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 PD
NAME LINARES, DIEGO
STREET ADDRESS 8124 SW 158TH TERRACE
CITY-STATE-ZIP MIAMI FL ☐ Delete

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

TITLE TSD
NAME LINARES, IVONNE
STREET ADDRESS 8124 SW 158TH TERRACE
CITY-STATE-ZIP MIAMI FL ☐ Delete

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

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

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

Diego Linares

3/16/00

Date

470-9774

Daytime Phone #

CR2E034 (9/99)