

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90072 034 ***150.00

0251209 AV

DOCUMENT # K58695

1. Entity Name
NICROX CORPORATION

Principal Place of Business
11865 SW 26 STREET
B1&B2
MIAMI FL 33175
US

Mailing Address
8124 SW 158 TERRACE
MIAMI FL 33157
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0137417

Applied For
 Not Applicable

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

LINARES, DIEGO
8124 SW 158 TERRACE
MIAMI FL 33157

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 (305) 255547
 Date Daytime Phone #

CR2E034 (9/01)