2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K74278** Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** IMMIX TELECOM, INC. 03-13-2000 90039 018 ***150.00 Mailing Address Principal Place of Business 1948 NW 54THLAVE 1948 NW 54TH AVE MARGATE PL 33065-2518 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address <u> 12175 NW 39th Street</u> 12175 NW 39th Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State Coral Springs, FL City & State 4. FEI Number 65-0168977 Coral Springs, FL Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33065 33065 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Intrastate Registered Agent Corporation GREENE, MICHAEL E P.A. Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue 9900 WEST SAMPLE RD. STE. 324 Suite 3000 CORAL SPRINGS FL 33065 33131-3209 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 Vice President. Intrastate Registered Agent Corp. SIGNATURE March 1. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🔀 Change ☐ Addition ☐ Delete TITI F P.D TITLE NAME NAME SIMPSON, CLAUDE Simpson, Claude O. STREET ADDRESS STREET ADDRESS 1948 N.W. 54 AVE 12175 NW 39th Street CITY-ST-ZIP CITY-ST-ZIP Coral Springs, FL 33065 MARGATE FL 33063 X Addition TITLE TITLE XX Delete NAME NAME BATES, ELIZABETH H William N. Davis STREET ADDRESS STREET ADDRESS 1948 N.W. 54 AVENUET 12175 NW 39th Street Coral Springs, FL 33065 CITY-ST-ZIP MARGATE FL 33063 CITY-ST-7IP **Addition** TITLE STD XX Delete TITLE D Michael A. Potter NAME OGLE. HELEN F NAME STREET ADDRESS 1948 NW 54TH AVENUE 12175 NY 39th Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 Coral Springs, FL 33065 ☐ Addition TITI E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exercition stated 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 frustee 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.

CITY-ST-ZIP

SIGNATURE:

GNANDRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Simpson, President

<u>(954)968-57</u>25

Daytime Phone #