

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90001 001 \*\*\*150.00

0345495 AV

**DOCUMENT # K74278**

1. Entity Name  
**IMMIX TELECOM, INC.**

Principal Place of Business **10569 NWS3rd St** Mailing Address **10569 NWS3rd St**  
**12175 NW 39 STREET** **SUNRISE, FL 33357**  
**CORAL SPRINGS FL 33065** **SUNRISE, FL 33357** **CORAL SPRINGS FL 33065**  
**US** **US**



2. Principal Place of Business **10569 NWS3rd St** 3. Mailing Address **10569 NWS3rd St**

Suite, Apt. #, etc.  
**SUNRISE**

Suite, Apt. #, etc.

City & State  
**FLORIDA**

City & State  
**SUNRISE FL**

4. FEI Number **65-0168977**

Applied For  
 Not Applicable

Zip  
**33357**

Country  
**USA**

Zip  
**33357**

Country  
**USA**

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

**INTRASTATE REG. AGENT CORP.**  
**701 BRICKELL AVENUE STE 3000**  
**MIAMI FL 33131-3209**

Name  
**RONALD A. LUZIM, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2825 UNIVERSITY DRIVE, SUITE 350**  
 City  
**CORAL SPRINGS FL** Zip Code  
**33065**

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 \_\_\_\_\_ (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**SIMPSON, CLAUDE**  
**12175 NW 39TH STREET**  
**CORAL SPRINGS FL 33065** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**PERRY, DAVID L JR**  
**625 FLAGLER DR STE., #700**  
**WEST PALM BEACH FL 33401** ☒ Delete

TITLE  
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 CITY-ST-ZIP  
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☐ 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 REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**2/14/02** **(954) 9685725**

CR2E034 (9/01)