2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K88916** 1. Entity Name INTEX SALES CORPORATION Principal Place of Business Mailing Address C/O ELVIA R. PEREZ C/O ELVIA R. PEREZ 8320 S.W. 44TH ST. 8320 S.W. 44TH ST. MIAMI FL 33155-4223 MIAMI FL 33155-4223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. Zip Country Zip Country 5. 6. Name and Address of Current Registered Agent 7. PEREZ, RIGOBERTO JR. Street Address (P.O. 8320 S.W. 44TH ST. MIAMI FL 33155 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered a Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. DOT

Mar 09, 2001 8:00 am Secretary of State

03-09-2001 90505 048 ***150.00

DO NOT WRITE IN THIS SPA	CE				
FEI Number 65-0122550	Applied For Not Applicable				
	. 75 Additional Required				
Name and Address of New Registered Age	nt				
Box Number is Not Acceptable)					
FL	Zip Code				
gent, or both, in the State of Florida.					
reinstating) DATE					
10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees				
DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
] Change 🏻 Addition				
	Change Addition				
	Change Addition				

NAME STREET ADDRESS CITY-ST-ZIP	Perez, Elvia R. 8320 S.W. 44th St. Miami Fl	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ JR., RIGOBERTO 8320 S.W. 44TH ST. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, JOSE ALBERTO 10759 SW 138 STREET MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

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.