2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2001 8:00 am Secretary of State **DOCUMENT # K92856** 1. Entity Name AXPRO CORP. 02-07-2001 90135 035 ***150.00 Principal Place of Business Mailing Address 9130 S DADELAND BLVD 9130 S DADELAND BLVD **SUITE 1607 SUITE 1607** MIAM1 FL 33156 MIAM! FL 33156 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 Applied For 65-0227513 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMOROS, ALBERTO Street Address (P.O. Box Number is Not Acceptable)-SUITE 1607, TWO DATRAN CENTER 9130 S DADELAND BLVD MIAMI FL 33156 Zip Code FL 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition **BELMONT, AUGUSTO** NAME NAME STREET ADDRESS 9130 S DADELAND BLVD, STE 1607 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Change ☐ Addition BELMONT, ALEXIA NAME NAME 9130 S DADELAND BLVD, STE 1607 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP BELMONT JOHANNA WChange TITLE ☐ Delete TITLE BELMONT: JOHANN T NAME : NAME 9130 S. DADELAND BLUD STETAN 9130 S DADELAND BLVD, STE 1607 STREET ADDRESS STREET ADDRESS MIAMIFL 33156 CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his 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 trusted 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. 13. I hereby certify that the information supplied;

BELMONT.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2-1-300/