

FOR PROFIT CORPORATION  
2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90133 003 \*\*\*\*50.00

DOCUMENT # L00000013406

1. Entity Name

Pixelcol, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9520 S.W. 40th St.

3. Mailing Address

9520 S.W. 40th St.

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Miami, FL

City & State

Miami, FL

Zip

33165-4074

Country

Zip

33165-4074

Country

4. FEI Number

65-1057435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Silva, Carlos E.

Street Address (P.O. Box Number is Not Acceptable)  
8160 Geneva Ct.

Apt. A-311

City

Miami

FL

Zip Code

33166-4659

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 \$80.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Silva, Carlos E.  
8160 Geneva Ct., Apt. A-311  
Miami, FL 33166-4659

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
García, Sergio A.  
622 S.W. 11th St.  
Hallandale, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlos E. Silva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-559-7550

Daytime Phone #