FILED

## ,2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

## May 02, 2001 8:00 am **DOCUMENT # L11683** Secretary of State 1. Entity Name ERELEX, INC. 05-02-2001 90021 026 \*\*\*158.75 Principal Place of Business Mailing Address 201 BISCAYNE BLVD. C/O RONNY J. HALPERIN **SUITE 1700** 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131 MIAM) FL 33131 US US Principal Place of Business 3. Mailing Address Biscoulne Bld . Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0153715 m iani Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIAMI CENTER REGISTERED AGENTS INC Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD STE 1700 **MIAMI FL 33131** City 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 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 3. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITI F ☐ Delete TITLE ₽D ROQUEFORT, VALERIE NAME ROQUEFORT, VALERIE NAME 1581 BRICKELL AVE. #703 STREET ADDRESS 1581 BRICKELL AVE # 2308 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Maddition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 prior to the end 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 truster 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 add ess, with all other like empowered.