2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90048 018 ***150.00

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DOCUMENT # L26839

1. Entity Name
ITEX, INC.

Principal Place of Business	Mailing Address
330 MERRICK WAY 3C CORAL GABLES FL 33134 US	315 WEST HEATHER DR KEY BISCAYNE FL 33149 US

D0028682

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
315 West Heather Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne Florida	City & State
Zip: 33149 Country: US	Zip Country

4. FEI Number 65-0157270 ☐ Applied For ☐ Not Applicable

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
MALAVE, ADOLFO J 315 W. HEATHER DR KEY BISCAYNE FL 33149	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 $150.00
After MAY 1, 2001 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	VD MALAVE, ADOLFO 315 W. HEATHER DR KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____ ADOLFO J. MALAVE 03.20.01 305 577 01.32
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #