

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001894

Entity Name

HOENIX VENTURES GROUP, LLC

FILED

01 FEB -5 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1945 ALOMA AVE
WINTER PARK FL 32792

Mailing Address

1945 ALOMA AVE
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

91-2069178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILLA, MIKE
6955 HANGING MOSS RD., SUITE 106
ORLAND FL 32807

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME *MBK*
STREET ADDRESS *Biovital Enterprises Inc*
CITY-ST-ZIP *P.O. Box 78015 Orlando FL 32825*

TITLE NAME *Arrelia Diaz "MBR"*
STREET ADDRESS *1479 Marshall St. Elmhurst*
CITY-ST-ZIP *N.Y. 11003*

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *100003677551-7*
CITY-ST-ZIP *-02/13/01-01098-002*
******50.00 *****50.00*

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Biovital Enterprises Inc Bob Enke President 01/18/00 4074976669

CR2E083 (11/00)