## 2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am Secretary of State **DOCUMENT # M31489** 1. Entity Name MIXNI DYNAMIC TRADE, INC. 05-12-2001 90026 036 \*\*\*150.00 Principal Place of Business Mailing Address 9450 SUNSET DRIVE 4545 N.W. 7TH STREET 00006119 SUITE 106 CORAL GABLES FL 33126 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-2669692 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent E Name IZQUIERDO, NICOLAS Street Address (P.O. Box Number is Not Acceptable) $\overline{z}$ 7901 NORTH KENDALL DRIVE MIAMI FL 33156 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PST** TITLE Change Addition Delete TITLE IZQUIERDO, NICOLAS NAME NAME STREET ADDRESS STREET ADDRESS 7901 NORTH KENDALL DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Change ☐ Addition ☐ Delete TITI F IZQUIERDO, JUAN CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 7901 NORTH KENDALL DRIVE CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33156** Change Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition TITLE

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.

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