

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004486

1. Entity Name

IXOYE ENTERPRISES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 11 AM 9:52



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2221 NE 164TH ST  
STE 371  
NORTH MIAMI BEACH FL 33160  
US

Mailing Address

2221 NE 164TH ST  
STE 371  
NORTH MIAMI BEACH FL 33160  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0795299

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PIERRE-LOUIS, VITA  
15974 SW 303RD TERR  
HOMESTEAD FL 33032

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDST  
PIERRE-POUIS, VITA  
15974 SW 303 TERR.  
HOMESTEAD FL 33032 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500003992955--4  
-04/11/01--01113--003  
\*\*\*\*\*60.00 \*\*\*\*\*60.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VDC  
PIERRE-LOUIS, ROLAND  
15974 SW 303 TERR.  
HOMESTEAD FL 33032 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500003992955--4  
-04/11/01--01113--004  
\*\*\*\*\*1.25 \*\*\*\*\*1.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MTR  
NOEL, ENOCH  
150 NE 70TH ST  
MIAMI FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-4-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)