

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90009 015 ***550.00

DOCUMENT # P00000017362

1. Entity Name
AXIUM, INC.

Principal Place of Business
1109 NORTH 21ST AVENUE
SUITE 120
HOLLYWOOD FL 33020

Mailing Address
1109 NORTH 21ST AVENUE
SUITE 120
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65 1078175

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FREEMAN, FRANK
11645 BISCAYNE BLVD.
SUITE 210
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name
Jonathan P. Kross, Esq
 Street Address (P.O. Box Number is Not Acceptable)
2461 West Hillsboro BLVD
 City
Deerfield Beach **FL** Zip Code
33442

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.

Guy Galluccio, President

SIGNATURE

8/16/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLUCCIO, GUY 1109 NORTH 21ST AVENUE SUITE 120 HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXX XXXXXX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy/Dr Alan Finfer 1745 NW 73rd Ave Plantation, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Marvin Welles 1846 Andromeda Lane Weston, FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy Galluccio, President

8/16/01 (954) 923 6002

Date

Daytime Phone #

CR2E034 (5/01)