

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90055 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000018491

1. Entity Name
NIXVIL CORP.



Principal Place of Business
**469 NW 48TH STREET
FORT LAUDERDALE, FL 33309**

Mailing Address
**P.O. BOX 9661
FORT LAUDERDALE, FL 33330-9661**

2. Principal Place of Business
SAME as ABOVE

3. Mailing Address
469 NW 48TH ST.



Mail ADDRESS same as Principal
☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. LAUD. FLA.

4. FEI Number
65-0999061

Applied For
Not Applicable

Zip Country

Zip Country
33309 Broward

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

**VILLALOBOS, NIXON
469 NW 48TH STREET
FORT LAUDERDALE, FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **VILLALOBOS, NIXON**
STREET ADDRESS **469 NW 49TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/03

954-818-1205

Date

Daytime Phone #

CR2E034 (10/02)