2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 04, 2003 8:00 am Secretary of State

DOCCO	7 08-04-2003 90156 020 ***150.00		
DOCUMENT # P0000 1. Entity Name CALIX & ASSOCIATES INC.	0018726		
Principal Place of Business -535 NE 123RD STAFT. #465	Mailing Address -555 NE 123RD ST.		
2. Principal Place of Business 6630 NW 1807ER	NORTH MAMI EL 33161 3. Mailing Address 0.634	- VW 180 TEX	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	100 100 100	☐ CHECK HERE IF MAKING CHANGES
MIAMI FC.	City & State MIAMI	FC	4. FEI Number 65-0984799 Applied For Not Applicable
21033015 DADE	²¹ 33015	SADE	5. Certificate of Status Desired S8.75 Additional Fee Required
6; Name and Address of New Registered Agent Name Name			
CALIX, ANGEL 6639 NW 180 TERR		Street Address	(P.O. Box Number is Not Acceptable)
MIAMI FL 33015	v		
B. The charge or and pathy submits this statement to	the second of the second	City	FL Zip Code ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	ma berbose or cuanding its	teftiersted ource of teftier	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed of printed name of registered agent a	nd tide t/ applicable, (NOTE	E: Registered Agent signature requir	ed 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 \$5.00 May Be Trust Fund Contribution. Added to Fees
(10. OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
CALIX, ANGEL STREET ADDRESS CITY ST-ZIP CONTRIBUTION C	☐ Delete	NAME STREET ADDRESS CITY-ST-ZP	ACIX ANGET BETHAGE Addition S ACIX ANGET BETHAGE Addition S ACIX TENNY BETHAGE Addition S ACIX TENNY BETHAGE Addition S
NAME STITEET ADDRESS CITY-ST-ZIP CALIX, JENNY STORET ADDRESS CONTH MIANT FL-33161	☐ Delete	TITLE D C.	ACIX JONNY Dechange Addition of 639 NW 180 Took
TITLE* NAME STREET ADDRESS CITY-ST-ZIP*	☐ Delote ——	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Detate	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	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 empoyered 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:			

attachment

CALIX & ASSOCIATES INC.

6639 NW 180Terr Miami FI, 33015 Phone 786-285 9317 80136081 P10000018720

July 30, 2003

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302

Reference

P00000018726

Dear Sir / Madam,

I am in receipt of your letter returning my check which was incomplete, unfortunately I did not receive this letter until recently as it was mailed to my old address and not made available to me until quite some time later. I have tried responding by telephone concerning the situation but unable to speak with anyone, and have left messages to have my call returned as prompted by your automated system.

I am sending a replacement check for the original amount and I have also made the address corrections on the Corporation Report. I sincerely hope this matter can now be resolved and all future correspondence will arrive at my present address as noted.

Looking forward to your response concerning the above at your earliest convenience.

Yours truly,

Angel Calix