

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90286 027 ***150.00

DOCUMENT # P00000033481

1. Entity Name
ACCUFLEX.COM, INC.

Principal Place of Business
9755 NW 52 STREET, #414
MIAMI FL 33178-2075

Mailing Address
9755 NW 52 STREET, #414
MIAMI FL 33178-2075

00011744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ACCUFLEX.COM

3. Mailing Address
ACCUFLEX.COM

Suite, Apt. #, etc.
3900 NW 79 AVE / 486

Suite, Apt. #, etc.
3900 NW 79 AVE / 486

City & State
MIAMI FL

City & State
MIAMI FL

4. FFL Number
65-0998294

Applied For
 Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

CABRAL, RUI GLEI
9755 NW 52 STREET, #414
MIAMI FL 33178-2075

Name
CABRAL, RUI GLEI
 Street Address (P.O. Box Number is Not Acceptable)
3900 NW 79 AVE Suite 486
 City
MIAMI FL Zip Code
FL 33166

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]*
 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME Delete
PSVD CABRAL, RUI GLEI
 STREET ADDRESS
9755 NW 52 STREET, #414
 CITY-ST-ZIP
MIAMI FL 33178-2075

TITLE
 NAME Change Addition
CABRAL, RUI GLEI
 STREET ADDRESS
3900 NW 79 AVE Suite 486
 CITY-ST-ZIP
MIAMI FL 33166

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

Date

Daytime Phone #

CR2E034 (10/00)