

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039137

1. Entity Name
FEMEX, INC.

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

01-31-2001 90185 045 ***150.00

Principal Place of Business
3051 WEST 76TH STREET
SUITE 212
HIALEAH FL 33018

Mailing Address
3051 WEST 76TH STREET
SUITE 212
HIALEAH FL 33018

000100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12477 SW 53 Street
Suite, Apt. #, etc.

3. Mailing Address
12477 SW 53 Street
Suite, Apt. #, etc.

City & State
Miramar FL
Zip 33027 Country USA

City & State
Miramar FL
Zip 33027 Country USA

4. FEI Number
65-100 5498
Applied For
Not Applicable

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

MACHADO-FLORES, JUAN C
3051 WEST 76TH STREET
SUITE 212
HIALEAH FL 33018

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 *Juan C. Machado*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 01/10/01

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MACHADO-FLORES, JUAN C	3051 WEST 76TH STREET SUITE 212	HIALEAH FL 33018	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Date

Daytime Phone #

CR2E034 (10/00)