

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90107 010 ***150.00

DOCUMENT # P00000041103

1. Entity Name
INTEX INTERNATIONAL CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5825 COLLINS AVENUE, APT. PH F MIAMI BEACH FL 33140	Mailing Address 5825 COLLINS AVENUE, APT. PH F MIAMI BEACH FL 33140
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2. Principal Place of Business 5825 Collins Avenue Suite, Apt. #, etc. PH-F	3. Mailing Address 5825 Collins Avenue Suite, Apt. #, etc. PH-F
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City & State Miami Beach, FL	City & State MIAMI BEACH, FL	4. FEI Number 65-1006763	Applied For Not Applicable
Zip 33140	Country USA	Zip 33140	Country USA

6. Name and Address of Current Registered Agent CASTILLO, ALVARO V ESQ. CASTILLO & ASSOCIATES 1390 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 STREET ADDRESS CITY-ST-ZIP	D RAAD, INGRID CECILIA 5825 COLLINS AVENUE, APT. PH F MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ingrid C Raad* Date: *4/23/01* Daytime Phone # _____

CR2E034 (10/00)