

**FILED**

**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91271 006 \*\*\*150.00

93090



DO NOT WRITE IN THIS SPACE

65-0140239

4. FEI Number ☒ **APPLIED FOR** ☐ 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**

**IRIONDO, ANDRES J**  
**901 PONCE DE LEON BLVD., #501**  
**CORAL GABLES FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALVIS, NICEFORO	
STREET ADDRESS	CALLE 98 15-17, SUITE 703	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GALVIS, LUZ MARY	
STREET ADDRESS	CALLE 98 15-17, SUITE 703	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GALVIS, FERNANDO	
STREET ADDRESS	CALLE 98 15-17, SUITE 703	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	IRIONDO, ANDRES J	
STREET ADDRESS	901 PONCE DE LEON BLVD, STE 501	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*NICEFORO GALVIS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 305-4450611  
 Date Daytime Phone #

CR2E034 (9/01)



Department of the Treasury  
Internal Revenue Service

OGDEN, UT 84201

Attachment 93098  
Document # P000004542

In reply refer to: 0424556117  
May 08, 2002 LTR 147C  
65-0140239 000000 00 000

00988

NIXMAR INC  
901 PONCE DE LEON BLVD 501  
CORAL GABLES FL 33134-3073265

Employer Identification Number: 65-0140239  
IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry dated Mar. 14, 2002.

Your employer identification number (EIN) is 65-0140239. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

*Jolene Thomas*

Jolene Thomas  
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):  
Copy of this letter