

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90004 025 ***150.00

DOCUMENT # P00000056589

1. Entity Name

PYXIS INVESTMENT, INC.

Principal Place of Business

**1118 SO. GREENWAY DR.
 CORAL GABLES FL 33134**

Mailing Address

**1118 SO. GREENWAY DR.
 CORAL GABLES FL 33134**

2. Principal Place of Business

**700 Biltmore Way
 Suite, Apt. #, etc.
 APT 904**

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33134

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1016338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GLOBAL MANAGEMENT SERVICES, INC.
 240 CRANDON BLVD., STE. 204
 KEY BISCAINE FL 33149**

7. Name and Address of New Registered Agent

Name

IGNACIO GUERRERO

Street Address (P.O. Box Number is Not Acceptable)

700 BILTMORE WAY # 904

City

CORAL GABLES

FL

Zip Code

33134

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

2-20-01

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

TITLE ☐ Delete
 NAME **PTD**
 STREET ADDRESS **GUERRERO, IGNACIO**
 CITY-ST-ZIP **1118 SO. GREENWAY DR.
 CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **GARCIA, MARIA TERESA**
 CITY-ST-ZIP **1111 CRANDON BLVD. APT. B-1004
 CORAL GABLES FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-01

305-823-9292

CR2E034 (10/00)

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