

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90053 043 ***150.00

DOCUMENT # P00000068831

1. Entity Name

HIFENIX CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 Brickell Key Drive

3. Mailing Address

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

4. FEI Number

522260051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Transglobal Corporate Administration

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

520 Brickell Key Drive

Suite 305

City

Miami, FL

FL

Zip Code

33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/20/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1st May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
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	D
NAME	Isolde De Mutis
STREET ADDRESS	520 Brickell Key Drive, Suite 305
CITY-ST-ZIP	Miami, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Isolde De Mutis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/22/02 (305)
3743800**
Daytime Phone #