

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90416 026 ***150.00

01552/0

DOCUMENT # P00000081033

1. Entity Name
LINX CORP.

| | |
|--|--|
| Principal Place of Business C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131 | Mailing Address C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131 |
|--|--|

962624



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| City & State | | City & State | | FEI Number 65-1039424 | |
| Zip | Country | Zip | Country | | |

| | | | | | |
|---|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 SE 2ND ST 28TH FLOOR 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 | | |

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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
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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: Camilo Miguel, Jr. **Director** Date: 05-12-01 Phone: 305-4807070

CR2E034 (10/00)