

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90080 041 ***150.00

DOCUMENT # P00000082479

1. Entity Name

ASIX INTERACTIVE, INC.

Principal Place of Business

Mailing Address

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

2. Principal Place of Business

2180 Brickell Ave.

3. Mailing Address

2180 Brickell Ave.

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

US

Zip

33129

Country

US

4. FEI Number

65-1038838 122612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MINTMIRE, DONALD F P.A.
265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Mintmire, Donald F P.A.

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

265 SUNRISE AVENUE

SUITE 204

City

Palm Beach

FL

Zip Code

33480

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

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ROGER BETANCOURT	
STREET ADDRESS	2180 Brickell Ave, #1	
CITY-ST-ZIP	Miami, FL 33129	
TITLE	TREASURER & SECRETARY	<input type="checkbox"/> Delete
NAME	CARLOS MULANOVICH	
STREET ADDRESS	1550 Brickell Ave, #409B	
CITY-ST-ZIP	Miami, FL 33129	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	CESAR ZEVALLOS	
STREET ADDRESS	Independencia 481, Miraflores	
CITY-ST-ZIP	Lima - Peru	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(305) 285 2392

Daytime Phone #

CR2E034 (10/00)