

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90032 009 ***150.00

DOCUMENT # P00000088476

1. Entity Name

ALDAX, INC.

Principal Place of Business	Mailing Address
1040 BAYVIEW DR SUITE 423 FT LAUDERDALE, FL 33304	1040 BAYVIEW DR STE 423, FT LAUDERDALE, FL 33304

 2. Principal Place of Business
4000 ISLAND BLVD

 3. Mailing Address
770 PONCE DE LEON BLVD

 Suite, Apt. #, etc.
SUITE 402

 Suite, Apt. #, etc.
SUITE 210

 City & State
AVENTURA, FL

 City & State
CORAL GABLES, FL

 Zip
33180

 Country
USA

 Zip
33134

 Country
USA

 4. FEI Number
65-1044983

 Applied For
☐ Not Applicable

 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

659643

6. Name and Address of Current Registered Agent

KURZBAN, IRA J ESQ
KURBAN KURBAN WEINGER & TETZELI, PA
2650 SW 27 AVE, 2ND FLOOR
MIAMI, FL 33133

7. Name and Address of New Registered Agent

 Name
JOHNNY TSIMOGIANNIS
 Street Address (P.O. Box Number is Not Acceptable)
770 PONCE DE LEON BLVD
SUITE 210
 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

JOHNNY TSIMOGIANNIS**04/29/01**

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
DP ☐ Delete
 NAME
ECHEVERRY, DARIO
 STREET ADDRESS
4000 ISLAND BLVD, #402
 CITY - ST - ZIP
AVENTURA, FL 33180

 TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

 TITLE
 NAME ☐ Delete
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 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 TITLE
 NAME ☐ Change ☐ Addition
 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

DARIO ECHEVERRY**04/29/01 305-444-2445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #