

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91909 041 \*\*\*150.00

<b>DOCUMENT #</b> P00000088476	✓
<b>1. Entity Name</b> ALDAX, INC.	

00112710

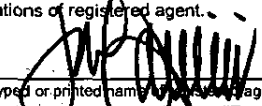
**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 4000 ISLAND BLVD. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4000 ISLAND BLVD. Suite, Apt. #, etc.	
<b>SUITE 402</b> City & State AVENTURA, FL		<b>SUITE 402</b> City & State AVENTURA, FL	
Zip 33180	Country	Zip 33180	Country

**DO NOT WRITE IN THIS SPACE**

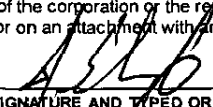
**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1044983	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>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. I am familiar with, and accept the obligations of registered agent.</b>	
<b>SIGNATURE</b> 	<b>JOHNNY TSIMOGIANNIS</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
	<b>4/28/03</b> DATE
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>*Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>ECHVERRY, DARIO</b> <b>4000 ISLAND BLVD., #402</b> <b>AVENTURA, FL 33180</b>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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<b>12. 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 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 	<b>DARIO ECHEVERRY</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/28/03</b> Date	<b>305-552-7725</b> Daytime Phone #

Attachment Lot# P000000088976  
80112710

**JOHNNY TSIMOGIANNIS  
& COMPANY LLP**

**FILING INSTRUCTIONS  
FLORIDA UNIFORM BUSINESS REPORT (UBR)**

Aldax, Inc.  
Client Name

ALT103  
Client Number

**INSTRUCTIONS:**

This report has been prepared from information submitted by you without verification by us. The items below marked with an "X" require your attention:

**FORM:**



We are enclosing your completed Florida UBR which we have prepared at your request.

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We are enclosing your uncompleted Florida UBR which we have NOT prepared.

**SIGNATURE:**

The original of the UBR should be signed, title indicated and dated by an authorized officer, partner, or owner.

**DUE DATE:**

The UBR is due on or before May 1.

As an officer(s), stockholder(s), partner(s), member(s), director(s) of your organization, you bear 100% responsibility for timely filings, filing fees, delinquent filings or reinstatement fees. If the report is seriously delinquent, then the Florida Department of State will administratively dissolve your organization, and additional fees will apply.

**NAME & ADDRESS OF NEW REGISTERED AGENT**

We recommend having either your attorney or your CPA listed as your registered agent. If your preprinted form has a name other than your attorney or CPA, then we recommend your completing box 10 with the name of your attorney or CPA. The NEW registered agent's signature is required on box 11 of the UBR.

**FEES DUE:**

Make your check payable to: FLORIDA DEPARTMENT OF STATE



**Timely Filing:** The annual fees are \$ 150.00

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**Delinquent Filing:** The fees are \$550.

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**Certificate of Status:** (optional) an additional \$8.75

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**Election Campaign Financing Trust Fund:** (optional) an additional \$5.00 may be added to Fees.

**MAILING:**

Mail the original return to: (an envelope has been provided for your convenience).

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

**COPY:**

RETAIN THE "TAXPAYER'S COPY" FOR YOUR FILES. IT SHOULD CONFORM TO THE ORIGINAL AS TO SIGNATURE, TITLE, AND DATE. IF SELF-PREPARED, KEEP A COPY FOR YOUR RECORDS.