## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

| ,,   | MENT # P00000088476  | 3   |  |  | T 05-05-200   |                    | 1 150.00  |
|--|--|---|--|--|---|--------------------|---|
| 1. Entity Name   |  |   | Ì  |  | /\  |                    |   |
| ALDAX, INC   | C.   |   |  | V  |   |                    |   |
| ,  |  |   | 00112710   |  |   |                    |   |
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|  |  |   |  | F 3  |   |                    |   |
| 3. Deigning D  | lace of Business   | 2 Mailing Address   | <u> </u>   |  |   |                    | •   |
|  |  | 3. Mailing Address 4000 ISLAND BLVD.  |  |  |   |                    |   |
| 4000 ISLAND BLVD.<br>Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  | DO NOT WR   | TE IN THIS SPA     | CE  |
| SUITE 402  |  | SUITE 402   |  |  |   |                    |   |
| City & State   |  | City & State  |  |  | 4. FEI Number   |                    | Applied For Not Applicable                              |
| AVENTURA<br>Zip  | Country  | AVENTURA, FL  | Countr   | у  | 65-1044983  | . 🗀 \$8            | .75 Additional  |
| 33180  |  | 33180   | ļ  |  | 5. Certificate of Status Desire   | Fee                | Required  |
|  | DO NOT WRITE IN T  | HIS SPACE   | رومون پور انومونور مانان<br>د  | Name   | 7. Name and Address of Currer   | nt Registered A    | gent  |
|  | *  |   |  | JOHNNY 1   | SIMOGIANNIS   |                    |   |
|  |  |   | St   |  | ss (P.O. Box Number is Not Accepta  | able)              |   |
| : .  |  | *   |  | 999 PONC   | E DE LEON BLVD.   |                    |   |
|  |  | *   |  | SUITE 601  |   |                    |   |
|  |  | *   |  | City<br>CORAL G  | ADI EQ  |                    | Zip Code<br>33134                                       |
| 8. The above   | named entity submits this stateme  | nt for the purpose of changi  | ina its re   |  | registered agent, or both, in the S   |                    |   |
|  | the obligations of registered agent  |   |  | <b>3</b>   |   |                    | ,   |
|  | XILLALIN   | 14.1  |  |  |   |                    |   |
| SIGNATURE_   |  |   | JOHN   | NY TSIMOG  | IANNIS  |                    | 4/28/03   |
|  | Signature, typed or printed name (1) and supplied the supplied of the supplied to the supplied of the supplied to the supplied | agent and title if application  | ele. (   | NOTE: Registered   | Agent signature required when reinstation   | ng)                | DATE  |
|  | After May 1, Fee is \$550.00   |   |  |  | 9. Election Campaign Fi   | inancing           | <b>\$5.00</b> May Be                                    |
|  | Amended UBR is \$61.25   | 7.04-4-   |  |  | Trust Fund Contribution   | on. 🔲              | Added to Fees   |
| O.   | Payable to Florida Department of<br>OFFICERS AND I   |   |  |  |   |                    |   |
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|  | DP   |   |  |  |   |                    |   |
| ,  | DP<br>ECHEVERRY, DARIO   |   | NAM  | Ε ,  |   |                    |   |
| AME  | DP<br>ECHEVERRY, DARIO<br>4000 ISLAND BLVD., #40   | 12  | NAM  | E<br>EET ADDRESS   |   |                    |   |
| AME<br>STREET ADORESS  | ECHEVERRY, DARIO   | )2  | NAMI<br>STRE   | 1.   |   |                    |   |
| AME STREET ADORESS STY - ST - ZIP  | ECHEVERRY, DARIO<br>4000 ISLAND BLVD., #40   | 2   | NAMI<br>STRE<br>CITY   | EET ADORESS ST. ZIP  |   |                    |   |
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| NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP  | tify that the information supplied w indicated on this report or suppler r director of the corporation or the r Block 10 or on an aftact ment with   | with this filing does not qualimental report is true and according to the composition of | NAME STREE CITY TITLE  | ET ADDRESS - ST - ZIP  ET ADDRESS - ST - ZIP | d in Section 119.07(3)(i). Florida S<br>ure shall have the same legal effec<br>as required by Chapter 607, Florid | tatutes. I further | certify that the<br>ler oath; that I am<br>that my name |



## & COMPANY LLP

## **FILING INSTRUCTIONS** LORIDA UNIFORM BUSINESS REPORT (UBR)

| Anasi   | Tac   |  | AITIO3   |
|---|---|--|--|
| Client Name   | 1 1 C .   |  | ALTIO3<br>Client Number  |
| INSTRUCTIO  | NS:   |  |  |
| an moqen ainhī 🦤  | is been prep  | pared from information submitted by your attention:  | ou without verification; by us. Th   |
| FORM:   | ·- •\   | e are enclosing your completed Florid your request.  | da UBR which we have prepare   |
|   |   | e are enclosing your uncompleted February  | lorida UBR which we have NO  |
| <u>SIGNATIURE:</u>  |   | ne original of the UBR should be signe<br>athorized officer, partner, or owner.  | ed, title indicated and dated by a   |
| <u>DUEDATIE:</u>  | TI  | ne UBR is due on or before May 1.  |  |
| responsibility to delinquent; the additional fees in NAME: & ADD  We recommend form has a name of your at | in timely filings<br>higher Florida<br>will apply<br>PRESS OF N<br>Thaving eithen<br>he other than<br>torney or GPA | r(s), partner(s), member(s), director(s) of s, filing fees, delinquent filings or reinstate. Department of State will administrative EW REGISTERED AGENT  r your attorney or your CPA listed as you your attomey or CPA, then we recommed agent's signature is | ement fees. If the report is seriouslely dissolve your organization, and registered agent. If your preprinted and your completing box 10 with the required on box 10 of the UBR. |
| FEES ON S   |   | checkspayable to: FLORIDA DEPAR mely Filing: The annual fees are \$  |  |
|   |   | elinquent Filing: The fees are \$550.  |  |
|   | [:]c  | ertificate of Status: (optional) an addi   | tional \$8.75  |
|   |   | ection Campaign Financing Trust F<br>.00 may be added to Fees.   | und: (optional) an accitional  |
| MAILING:  | Mail the or<br>convenien  | iginal return to: (an envelope has beer<br>ce).  | n provided for your  |
|   | UN<br>PC  | VISION OF CORPORATIONS<br>NIFORM BUSINESS REPORT FILING<br>DBOX 1500<br>NLLAHASSEE, FL 32302-1500  | S  |

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.

Revised: 10/22/2002