

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088901

1. Entity Name

EFEX CORPORATION

Principal Place of Business

Mailing Address

12230 Foreshill Blvd
Ste # 306
Wellington, FL 3341412230 Foreshill Blvd
Ste # 306
Wellington, FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Guillermo Guinazu
12230 Foreshill Blvd, Ste # 306
Wellington, FL 33414

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

(Sign over typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when re-registering)

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 State10. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
PRESIDENT	Guillermo Guinazu	12230 Foreshill Blvd, St #306	Wellington, FL 33414	☐

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

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

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 of this statement, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/01

(561) 333-1491

FILED

01 OCT -3 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004627369--5

-10/08/01--01079--003

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

CP2034-1-000

292



September 28th 2001

Division of Corporations
P.O. Box #1500
Tallahassee, Florida 32302-1500

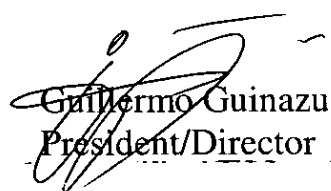
Ref:2001 UBR (P00000088901)

To Whom It May Concern:

This letter is to notify tha we never received a form with reference to the renewal of our corporation and I was not aware of such required process since this was our first year. We were denied a D/B/A registration do to our inactive status and that's how we were informed. As Instructed by your office we hereby request consideration to waive any penalty fees do to the previously stated reason. Attached please find our 2001 UBR Repor and a Check for \$150.00- to cover the filing cost. Thanking you in advanced I remain.

If you have any questions, please don't hesitate to contact us.

Sincerely Yours,


Guillermo Guinazu
President/Director

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EPEX CORPORATION
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☒	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

RECEIVED
01 OCT -3 AM 11:47
DIVISION OF CORPORATION

Examiner's Initials