

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

04-12-2001 90038 046 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090791

1. Entity Name
DAXER, INC.

Principal Place of Business
**13041 NW 1ST STREET #203
PEMBROKE PINES FL 33028**

Mailing Address
**13041 NW 1ST STREET #203
PEMBROKE PINES FL 33028**

45695*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13041 NW 1ST ST #203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PEMBROKE PINES FL

Zip

Country

Zip
33028

Country
USA

4. FEI Number

65-1067826

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAITAN, MAURICIO
13041 NW 1ST STREET #203
PEMBROKE PINES FL 33028**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAITAN, MAURICIO 13041 NW 1ST STREET #203 PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIETO, ALBA LUZ 13041 NW 1ST STREET #203 PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

April

Date

2001

(954) 538-1572

Daytime Phone #

CR2E034 (10/00)