

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90440 029 ***158.75

DOCUMENT # P000000098175

1. Entity Name

MOTRIX WA, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18861 BISCAYNE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AVENTURA FL

City & State

4. FEI Number

65-1049743

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

FELIPE ESCAMILLA

Street Address (P.O. Box Number is Not Acceptable)

19370 COLLINS AVE

APT # 1503

City MIAMI

FL

Zip Code

33160

**DO NOT WRITE
IN THIS SPACE**

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]
Signature (Typed or printed name of registered agent and title if applicable)

AGENT
(NOTE: Registered Agent signature required when resigning)

04/10/02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1, 2002 to February 28, 2002
Later May 1, 2002 to May 31, 2002
Amended UBR is \$51.25
Make checks payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME FELIPE ESCAMILLA
STREET ADDRESS 19370 COLLINS AVE APT # 1503
CITY-ST-ZIP MIAMI, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIPE ESCAMILLA
PRESIDENT

04/10/02
Date

3059335252
3059360564
Daytime Phone #