FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91763 013 ***150.00

90128388

DOCUMENT # P00000098175

1. Entity Name
MOTRIX USA CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18861 BISCAYNE BLVD.
Suite, Apt. #, etc.
City & State
AVENTURA, FLORIDA
Zip: 33180 Country: U.S.A.

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1049743 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: MARIANA GARCIA
Street Address (P.O. Box Number is Not Acceptable):
19370 COLLINS AVENUE #1503
City: MIAMI FL Zip Code: 33160

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.

SIGNATURE: Mariana Garcia C. Mariana Garcia 04/28/03
Signature, Printed or typed name of the registered agent and the date of application. (Only if Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President = Mariana Garcia 19370 Collins Avenue #1503 Miami, Florida, 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager = Felipe Escamilla 2501 South Ocean Drive #612 Hollywood, Florida,33019
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CR2E074(5-13-02)

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.

SIGNATURE: Mariana Garcia C. Mariana Garcia 04/28/03 786-286-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #