

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112697

1. Entity Name
EKIM-X INTERNATIONAL CORPORATION

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90087 039 ***150.00

0063359 AV

Principal Place of Business
520 S.E. 6TH AVENUE
SUITE 2402
FT. LAUDERDALE FL 33301

Mailing Address
520 S.E. 6TH AVENUE
SUITE 2402
FT. LAUDERDALE FL 33301

80461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1126 SUNFLOWER CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1126 SUNFLOWER CIRCLE
Suite, Apt. #, etc.

City & State
WESTON, FLORIDA
Zip
33327
Country
USA

City & State
WESTON, FLORIDA
Zip
33327
Country
USA

4. FEI Number 65-1076725
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

MATTIOLI, MICHAEL
520 S.E. 6TH AVENUE
SUITE 2402
FT. LAUDERDALE FL 33301

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

WRONG ADDRESS

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 [Signature] DATE 9.12.02
Signature of registered agent or limited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD MATTIOLO, MICHAEL 520 SE 6TH AVE, STE 2402 FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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] SIGNATURE REQUIRED

9.12.02 8548889782

Attachment
980461

Dear Division of Corporation, PO0000112077

PLEASE BE ADVISED THAT SOMEONE FROM

MY OLD ADDRESS HAD TO GIVE ME THIS -


AS IT WAS SENT TO THE WRONG ADDRESS

PLEASE NOTE - B/KW-X MTL Corp is located

@ 1126 SUNFLOWER CIRCLE, WESTON FL. 33327

Sorry for the MAIL MIX UP - Hopefully it was

NOT TOO BAD. THANKING YOU IN ADVANCE

 M. K. MOTTOLI B/KW-X MTL
Pres. MTL/130