

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112697

1. Entity Name  
EKIM-X INTERNATIONAL CORPORATION



Principal Place of Business  
1126 SUNFLOWER CIRCLE  
WESTON FL 33327

Mailing Address  
1126 SUNFLOWER CIRCLE  
WESTON FL 33327

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90021 022 \*\*\*150.00

0363340 AV

11025829



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
1126 SUNFLOWER CIRCLE  
WESTON FL 33327

Name: MICHAEL MATTIOLI  
Street Address (P.O. Box Number is Not Acceptable)  
1539 HARRISON STREET

City Hollywood FL Zip Code 33020

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-03

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

CHANGING ADDRESS

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME: MATTIOLO, MICHAEL  
STREET ADDRESS 1125 SUNFLOWER CIRCLE  
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

TITLE PD  
NAME: MICHAEL MATTIOLI  
STREET ADDRESS 1539 HARRISON STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)