

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113128

1. Entity Name

ESTRADIX, INC.

Principal Place of Business

C/O SERBER & ASSOCIATES, P.A.
TURNBERRY PLAZA S#801, 2875 NE 191ST ST.
AVENTURA FL 33180

Mailing Address

C/O SERBER & ASSOCIATES, P.A.
TURNBERRY PLAZA S#801, 2875 NE 191ST ST.
AVENTURA FL 33180

2. Principal Place of Business

17375 COLLINS Ave
UNIT 1503

3. Mailing Address

7000 ISLAND BLVD.
UNIT 1105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CITY & STATE
SUNNY ISLES BEACH, FL

CITY & STATE
AVENTURA, FLORIDA

Zip

Country

Zip

Country

33160

USA

33160

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERBER, DANIEL J. ESQ.
TURNBERRY PLAZA, SUITE 801
2875 NE 191ST STREET
AVENTURA FL 33180

Name
MAURICIO L. D'ALESSANDRO

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

7000 ISLAND BLVD.

UNIT 1105

City
AVENTURA

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.

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
D
D'AJESSANDRO, MAURICIO L
STREET ADDRESS
TURNBERRY PLAZA S#801, 2875 NE 191ST ST
CITY-ST-ZIP
AVENTURA FL 33180

TITLE
NAME
D
D'ALESSANDRO, MAURICIO L
STREET ADDRESS
7000 ISLAND BLVD, #1105
CITY-ST-ZIP
AVENTURA, FL 33160

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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

MAURICIO D'ALESSANDRO 2/28/01

Date

Daytime Phone #

305 792 9638

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90317 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)