

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90164 011 ***150.00

DOCUMENT # P01000067442

1. Entity Name

DRAXON INTERNATIONAL CORPORATION

Principal Place of Business

**1678 ZENITH WAY
WESTON FL 33327**

Mailing Address

**1678 ZENITH WAY
WESTON FL 33327**

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

651119872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOVAR, ILEANA ARIAS ESQ
1725 MAIN STREET SUITE 205
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLADARES, FRANCISCO 1678 ZENITH WAY WESTON FL 33327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELLO, RICHARD S 1678 ZENITH WAY WESTON FL 33327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORELLANA, MARA T 1678 ZENITH WAY WESTON FL 33327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHEURICH, KEYLLA KELL 1678 ZENITH WAY WESTON FL 33327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/2002. (814) 3899554

Date

Daytime Phone #

CR2E034 (9/01)