

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90046 013 ***150.00

DOCUMENT # P01000070314
1. Entity Name
EXTENX CORPORATION

Principal Place of Business **Mailing Address**
~~95 SW 1 AVE~~ ~~35 SW 1 AVE~~
~~DAY B~~ ~~DAY B~~
~~DANIA BEACH FL 33004~~ ~~DANIA BEACH FL 33004~~

2. Principal Place of Business **3. Mailing Address**
621 SW 21 TERR **P.O.B. 1607**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
10
City & State **City & State**
FT. LAUDERDALE FL **Hollywood FL**
Zip **Country** **Zip** **Country**
33312 **USA** **33022** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ **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**
LEWIS, GREGORY **Name** **GREGORY LEWIS**
~~95 SW 1 AVE~~ **621 SW 21 TERR** **Street Address (P.O. Box Number is Not Acceptable)**
~~DAY B~~ **SUITE 10**
~~DANIA BEACH FL 33004~~ **City** **FT LAUDERDALE** **FL** **Zip Code** **33312**

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 *GREGORY LEWIS* **022302**
 Signature, type 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 **FILE NOW!!! FEE IS \$150.00**
 Tax filing requirement and elects to do so. **After May 1, 2002 Fee will be \$550.00**
 (See criteria on back) ☐ **Make Check Payable to Department of State** **10. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ELAINE V	NAME	
STREET ADDRESS	95 SW 1 AVE	STREET ADDRESS	621 SW 21 TERR SUITE 10
CITY-ST-ZIP	DANIA BEACH FL 33004	CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED* **022602** **984 681-4545**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)