2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am § P01000074385 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90039 005 ***158.75 VEX CORP Mailing Address Principal Place of Business 3221 NW 10 TERRACE STE 507 3221 NW 10 TERRACE STE 507 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 2701 W. Cypress Creek Rd. 2701 W. Cypress Creek Rd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1124869 Not Applicable Ft. Lauderdale, FL Ft. Lauderdale. \$8.75 Additional Country Zip 33309 5. Certificate of Status Desired Fee Required 33309 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 941 4TH STREET #200 MIAMI BEACH FL 33139 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (9/01) ☐ Addition Xi Change TITLE Delete TITLE KOENIGSBERG, JAY NAME NAME 2701 W. Cypress Creek Rd. STREET ADDRESS 3221 NW 10 TERRACE STE 507 STREET ADDRESS Ft. Lauderdale, FL 33309 CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAMÈ NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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.

NAME OF SIGNING OFFICER OR DIRECTOR

954 970-8090

Daytime Phone #