

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90063 050 ***150.00

DOCUMENT # P01000097740

1. Entity Name
WORKTEX INC.



Principal Place of Business
6790 NW 186TH STREET
#504-A
HIALEAH, FL 33015

Mailing Address
6790 NW 186TH STREET
#504-A
HIALEAH, FL 33015

60025551

2. Principal Place of Business

6790 NW 186 ST
Suite, Apt. #, etc.
318

3. Mailing Address

6790 NW 186 ST
Suite, Apt. #, etc.
318



☒ CHECK HERE IF MAKING CHANGES

City & State

HIALEAH FL

City & State

HIALEAH, FL

4. FEI Number

75-2981491

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLEGO, ENRIQUE A
6790 NW 186TH STREET
#318
HIALEAH, FL 33015

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. 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)

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GALLEGO, ENRIQUE A	
STREET ADDRESS	6790 NW 186TH STREET #318	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE VICENTIS, MARIA C	
STREET ADDRESS	6790 NW 186TH STREET #318	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SELMO, FEDERICO N	
STREET ADDRESS	6790 NW 186TH STREET #318	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Federico Selmo FEDERICO SELMO (SECRETARY) 4/22/03 305-556-1465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)