

FILED  
Jun 25, 2002 8:00 am  
Secretary of State

05-27-2002 90450 016 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000098023

1. Entity Name

ADOXEN, CORP

Principal Place of Business

Mailing Address

612 ANDERSON CIRCLE, 105  
DEERFIELD BEACH, FL 33441

612 ANDERSON CIRCLE, 105  
DEERFIELD BEACH, FL 33441

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

65-1143506

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

Name

TAX HOUSE CORPORATION

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

3929 N. FEDERAL HWY.

City

POMPANO BEACH

FL

Zip Code

33064

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

05/13/2002

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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

POMPANO BEACH

Delete

STREET ADDRESS

PARO, JOSE L

CITY-ST-ZIP

612 ANDERSON CIRCLE, 105  
DEERFIELD BEACH, FL 33441

TITLE

NAME

V

Delete

STREET ADDRESS

PARO, MARILDA P

CITY-ST-ZIP

612 ANDERSON CIRCLE, 105  
DEERFIELD BEACH, FL 33441

TITLE

NAME

Same as above

Delete

STREET ADDRESS

PARO, RODRIGO P

CITY-ST-ZIP

612 ANDERSON CIRCLE, 105  
DEERFIELD BEACH, FL 33441

TITLE

NAME

T

Delete

STREET ADDRESS

PARO, RAFAEL G

CITY-ST-ZIP

612 ANDERSON CIRCLE, 105  
DEERFIELD BEACH, FL 33441

TITLE

NAME

Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

05/13/02

Date

954-5707287

Daytime Phone #