

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90116 035 ***150.00

DOCUMENT # P01000101798

1. Entity Name
CONEXPE CORPORATION

Principal Place of Business
 3119 SPRING GLEN RD #105
 JACKSONVILLE FL 32207

Mailing Address
 3119 SPRING GLEN RD #105
 JACKSONVILLE FL 32207



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

59-3751875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLMENARES, PEDRO

3119 SPRING GLEN RD #105

JACKSONVILLE FL 32207

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME COLMENARES, PEDRO
STREET ADDRESS 4500 BAYMEADOWS RD #210
CITY-ST-ZIP JACKSONVILLE FL 32217

☒ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** 8859 OLD KINGS Rd. # 408
CITY-ST-ZIP JACKSONVILLE, FL. 32257

TITLE V ☐ Delete
NAME COLMENARES, RITA
STREET ADDRESS 4500 BAYMEADOWS RD #210
CITY-ST-ZIP JACKSONVILLE FL 32217

☒ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** 8859 OLD KINGS Rd. # 408
CITY-ST-ZIP JACKSONVILLE, FL. 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS**
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS**
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO COLMENARES

04/02/02 904-398 9089

Date

Daytime Phone #

CR2E034 (9/01)