

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90466 010 ***150.00

DOCUMENT # P01000108637

1. Entity Name
CORPOMIX, INC.

Principal Place of Business
1800 W. 49TH STREET
STE 301
HIALEAH FL 33012

Mailing Address
1800 W. 49TH STREET
STE 301
HIALEAH FL 33012



2. Principal Place of Business
2480 W. 60TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL
 Zip
33016
 Country
USA

City & State

4. FEI Number
65-1155953

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RIOS, ELSA
1800 W. 49TH STREET
STE 301
HIALEAH FL 33012

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.

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

TITLE
PSD
 NAME
VIRGILIO, ICENTE
 STREET ADDRESS
1800 W. 49TH STREET SUITE 301
 CITY-ST-ZIP
HIALEAH FL 33012

☐ Delete

TITLE
VTD
 NAME
VIRGILIO, CAROLINA
 STREET ADDRESS
1800 W. 49TH STREET SUITE 301
 CITY-ST-ZIP
HIALEAH FL 33012

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSD
 NAME
VIRGILIO, VICENTE
 STREET ADDRESS
1800 W. 49TH ST, #301
 CITY-ST-ZIP
HIALEAH, FL 33012

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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 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: **VICENTE VIRGILIO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 (305) 5562372
 Date Daytime Phone #

CR2E034 (9/01)