

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90201 020 ***150.00

DOCUMENT # P01000108637

1. Entity Name
CORPOMIX, INC.



Principal Place of Business
**2480 W 60TH STREET
HIALEAH FL 33026**

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



2. Principal Place of Business

12701 S. JOHN YOUNG PKWY.

3. Mailing Address

1800 W 49TH STREET

Suite, Apt. #, etc.

STE. 107-108

Suite, Apt. #, etc.

STE 301

City & State

ORLANDO, FL

City & State

HIALEAH, FL

Zip

32837

Country

USA

Zip

33012

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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. 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 **PSD** ☐ Delete
NAME **VIRGILIO, ICENTE**
STREET ADDRESS **1800 W 49TH STREET, #301**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **VIRGILIO, VICENTE**
STREET ADDRESS **14126 COLONIAL GRAND BLVD, #1107**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **VTD** ☒ Change ☐ Addition
NAME **VIRGILIO, CAROLINA**
STREET ADDRESS **14126 COLONIAL GRAND BLVD, #1107**
CITY-ST-ZIP **ORLANDO, FL 32837**

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

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

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: **SIGNATURE OF VIRGILIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (954) 937.6123

Date

Daytime Phone #

CR2E034 (10/02)