

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90135 014 ***150.00

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DOCUMENT # P02000003491

1. Entity Name
AMERIX GLOBAL INC.



Principal Place of Business
**4484 SW 49 CT.
FT. LAUDERDALE FL 33314**

Mailing Address
**4484 SW 49 CT.
FT. LAUDERDALE FL 33314**

2. Principal Place of Business
1655 N FEDERAL HWY

Suite, Apt. #, etc.
BOCA RATON

City & State
FLORIDA

Zip
33432

Country

3. Mailing Address

1655 NORTH FEDERAL HWY

Suite, Apt. #, etc.
BOCA RATON

City & State
FL

Zip
33432

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
80-0064478

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DEEN, MEER
4484 SW 49 CT.
FT. LAUDERDALE FL 33314**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DEEN, MEER
4484 SW 49 CT.
FT. LAUDERDALE FL 33314** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
DEEN, SALIME Salima
4484 SW 49 CT.
FT. LAUDERDALE FL 33314** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEER A DEEN
1655 NORTH FEDERAL HWY
BOCA RATON FL 33432** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Salima Deen
1655 n Federal Hwy
Boca Raton FL 33432** ☒ 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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

561-620-3853

Daytime Phone #

CR2E034 (10/02)