

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90061 018 ***550.00

DOCUMENT # P02000047479

1. Entity Name

NEXXUZ BUSINESS NETWORK, INC.



Principal Place of Business

**7501 NW 36TH STREET
MIAMI FL 33166**

Mailing Address

**7501 NW 36TH STREET
MIAMI FL 33166**

2. Principal Place of Business

7501 NW 36TH STREET

- Suite, Apt. #, etc. -

3. Mailing Address

411 LUENGA AVENUE

- Suite, Apt. #, etc. -



☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL 33166

City & State

CORAL GABLES FL 33146

4. FEI Number

01-0679343

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBLEDO, ALEJANDRO
7501-NW 36TH STREET
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **ROBLEDO, ALEJANDRO**
Street Address (P.O. Box Number is Not Acceptable)
411 LUENGA AVENUE
City **CORAL GABLES FL** Zip Code **33146**

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 **ALEJANDRO ROBLEDO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/02/03

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **ROBLEDO, ALEJANDRO**
STREET ADDRESS **7501 NW 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **V** ☐ Delete
NAME **MUTIS, MAURICIO**
STREET ADDRESS **7501 NW 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **T** ☒ Delete
NAME **CHRISTIANSEN, MANUEL**
STREET ADDRESS **7501 NW 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **S** ☒ Delete
NAME **ROSSI, ALEX**
STREET ADDRESS **7501 NW 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33166**

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 **P** ☒ Change ☐ Addition
NAME **ROBLEDO, ALEJANDRO**
STREET ADDRESS **411 LUENGA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **V, T** ☐ Change ☐ Addition
NAME **MUTIS, MAURICIO**
STREET ADDRESS **7501 NW 36 STREET**
CITY-ST-ZIP **MIAMI FL 33166**

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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A ROBLEDO

9/2/03

7864430339

Date

Daytime Phone #

CR2E034 (4/03)