FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
03-24-2003 90201 046 ***155.00

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DOCUMENT # P02000051867

1. Entity Name
SURGEX INTERNATIONAL, CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7661 N.W. 68 ST.	1201 BRIDGEWOOD PL.
Suite, Apt. #, etc. # 126	Suite, Apt. #, etc.
City & State MIAMI, FL. 33166	City & State BOCA RATON FL.
Zip 33166 Country USA	Zip 33434 Country USA

4. FEI Number 03-0447581 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name EDUARDO ALVAREZ

Street Address (P.O. Box Number is Not Acceptable) 1201 BRIDGEWOOD PL

City BOCA RATON FL Zip Code 33434

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 EDUARDO ALVAREZ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 04/07/03

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DIRECTOR
NAME	EDUARDO ALVAREZ
STREET ADDRESS	1201 BRIDGEWOOD PL.
CITY-ST-ZIP	BOCA RATON, FL. 33434
TITLE	DIRECTOR
NAME	ANNA V. ALVAREZ
STREET ADDRESS	1201 BRIDGEWOOD PL.
CITY-ST-ZIP	BOCA RATON, FL. 33434
TITLE	DIRECTOR
NAME	EDUARDO A. ALVAREZ
STREET ADDRESS	11420 NW 56th ST. APT.# 105
CITY-ST-ZIP	CORAL SPRINGS, FL. 33076
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO ALVAREZ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date 04/07/03 (305) 887 5848 (Daytime Phone #)

(561) 8274613