

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90134 026 ***150.00

DOCUMENT # P02000096782

1. Entity Name
US STOX CAPITAL MANAGEMENT, INC.



Principal Place of Business
**5201 BLUE LAGOON DRIVE, STE 100
MIAMI FL 33126**

Mailing Address
**5201 BLUE LAGOON DRIVE, STE 100
MIAMI FL 33126**

2. Principal Place of Business
27240 Hidden River Ct.
Suite, Apt. #, etc.

3. Mailing Address
27240 Hidden River Ct.
Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number
04-3714114

Applied For
☐ Not Applicable

Zip Country
34134 USA

Zip Country
34134 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REUS, ALEXANDER ESQ.
5201 BLUE LAGOON DRIVE, STE 100
MIAMI FL 33126

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAUETER, MARKUS**
CITY-ST-ZIP **5201 BLUE LAGOON DRIVE, STE 100
MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
NAME **D, P**
STREET ADDRESS **HAUETER, MARKUS**
CITY-ST-ZIP **27240 HIDDEN RIVER CT.
BONITA SPRINGS, FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: HAUETER, MARKUS, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)