

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90177 016 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000114237

1. Entity Name

LAXMIX CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1455 NW 107 AVE

Suite, Apt. #, etc.

956

3. Mailing Address

P.O. 310668

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 06-1661103

Applied For
Not Applicable

Zip
33172

Country

Zip

33231-0668

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JERRY SEBA

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

540 BRICKELL KEY DR #1515

City MIAMI

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/23/03

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
DIRECTOR / PRESIDENT
KANTARA, JOYCE
540 BRICKELL KEY DR. #1515
MIAMI, FL. 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR / SEC/ TRES
SEBA, JERRY
540 BRICKELL KEY DR. #1515
MIAMI, FL. 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/23/03

CR2E034B (12/02)