

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P930000000031

1. Entity Name

FIRSTEX INVESTMENT CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90338 010 ***150.00

Principal Place of Business

Mailing Address

4889 JAYBIRD CIRCLE N
JACKSONVILLE FL 32257
US

4889 JAYBIRD CIRCLE N
JACKSONVILLE FL 32256-1482
US

2. Principal Place of Business

12121 PHILIPS HWY

Suite, Apt. #, etc.

3. Mailing Address

9975 VINEYARD LAKE RD.E.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3157019

Applied For

Not Applicable

Zip

32256

Country

Zip

32256

Country

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

DARGUAM, CHENG

4889 JAYBIRD CIR

JACKSONVILLE FL 32257

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME DARGUAM, CHENG
STREET ADDRESS 4889 JAYBIRD CIRCLE, NORTH
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☒ Change ☐ Addition
NAME DAR-GUAM CHENG
STREET ADDRESS 9975 VINEYARD LAKE RD. E.
CITY-ST-ZIP JACKSONVILLE, FL. 32256

TITLE VPT ☒ Delete
NAME TRA, JOY Y CHENG
STREET ADDRESS 4889 JAYBIRD CIR N.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VPT ☒ Change ☐ Addition
NAME TRA-JOY Y. CHENG
STREET ADDRESS 9975 VINEYARD LAKE RD. E.
CITY-ST-ZIP JACKSONVILLE, FL. 32256

TITLE TS ☒ Delete
NAME TRA, JOY YEH CHENG
STREET ADDRESS 4889 JAYBIRD CIR N
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TS ☒ Change ☐ Addition
NAME TRA-JOY Y. CHENG
STREET ADDRESS 9975 VINEYARD LAKE RD. E.
CITY-ST-ZIP JACKSONVILLE, FL. 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, 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 #

CR2E034 (9/99)