

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034731

1. Entity Name

AGAXTUR ENTERPRISES INC.

Principal Place of Business

168 SE 1ST STREET
#1101
MIAMI FL 33131
US

Mailing Address

1643 BRICKELL AV.
STE 3205
MIAMI FL 33129
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0409842

Applied For
Not Applicable

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

CARNEIRO DA CUNHA, JOSE MARIA
1643 BRICKELL AVE. #3205
MIAMI FL 33131

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

JOSE MARIA CARNEIRO DA CUNHA

(NOTE: Registered Agent signature required when reinstating)

DATE

03/23/2001

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, 2001 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 | PD | <input type="checkbox"/> Delete |
| NAME | LEONE, ALDO | |
| STREET ADDRESS | 251 CRANDON BLV #835 | |
| CITY-ST-ZIP | KEY BISCAYNE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LEONE, OLGA MARIA | |
| STREET ADDRESS | 251 CRANDON BLV #835 | |
| CITY-ST-ZIP | KEY BISCAYNE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LEONE, MARCELO | |
| STREET ADDRESS | 251 CRANDON BLV #835 | |
| CITY-ST-ZIP | KEY BISCAYNE FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | DE SISTO, ANNA AYN | |
| STREET ADDRESS | 1111 CRANDON BLVD #B 202 | |
| CITY-ST-ZIP | KEY BISCAYNE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other duly empowered.

SIGNATURE: X

MARCELO LEONE

3/24/2001

(305) 375 9225

Date

Daytime Phone #

CR2E034 (10/00)

0495403

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90239 019 ***150.00

C0041882



DO NOT WRITE IN THIS SPACE