

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2000 8:00 am**
Secretary of State

04-23-2000 90017 001 ***150.00

DOCUMENT # P95000006996
1. Entity Name
Roxian Inc.**Principal Place of Business**
6854 W Flagler ST
MIAMI FL 33144
Mailing Address
6854 W Flagler ST
MIAMI FL 33144**2. Principal Place of Business**
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **Country****4. FEI Number**
65-0560559
Applied For
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HERNANDEZ, ROBERTO
1071 E 25 ST
MIAMI FL 33013**7. Name and Address of New Registered Agent**
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** X
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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<u>President</u>			
	<u>HERNANDEZ, ROBERTO</u>			
	<u>1071 E 25 ST</u>			
	<u>MIAMI FL 33013</u>			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** 4-15-00 **Daytime Phone #** (305) 835-8177