

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017141

1. Entity Name

FREXES INTERNATIONAL, INC.

Principal Place of Business

8910 ASTRONAUT BLVD  
CAPE CANAVERAL FL 32920  
US

Mailing Address

8910 ASTRONAUT BLVD  
CAPE CANAVERAL FL 32920  
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 59-3359479

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

TERAN, ALFREDO J  
808 W. CENTRAL BLVD.  
CAPE CANAVERAL FL 32920

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, 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 DP  
NAME TERAN, ALFREDO J  
STREET ADDRESS 808 W. CENTRAL BLVD.  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME DEEKS, PETER  
STREET ADDRESS 2170 REYNARD PLACE  
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME HARGROOVE, ARTHUR  
STREET ADDRESS 1711 WALLER RD.  
CITY-ST-ZIP HUNTSVILLE AL 35801

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPS  
NAME WOOD, RICHARD  
STREET ADDRESS 255 BANANA BLVD.  
CITY-ST-ZIP MERRITT ISLAND FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME SHERARD, MARCO  
STREET ADDRESS 4780 YUMA TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL 32953

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90128 012 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

1/8/2001

321.783.7989