

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90130 014 ***158.75

0116-04 AN

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**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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

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, 2002 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 **DP** ☐ Delete
 NAME **TERAN, ALFREDO J**
 STREET ADDRESS **808 W. CENTRAL BLVD.**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

Alfredo Teran

1/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)