

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062877

1. Entity Name

F X P CORP.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90038 013 \*\*\*158.75

Principal Place of Business 5555 SW 67 AVENUE 107 MIAMI FL 33155 US	Mailing Address 5555 SW 67 AVE. 107 MIAMI FL 33155-6441 US
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2. Principal Place of Business 2897 SW 69 Court Suite, Apt. #, etc.	3. Mailing Address 2897 SW 69 Court Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0625730	Applied For Not Applicable
Zip 33155	Country USA	Zip 33155	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K  
 C/O SEMET, LICKSTEIN, MORGENSTERN ET AL  
 201 ALHAMBRA CIRCLE SUITE 1200  
 CORAL GABLES FL 33134

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 \_\_\_\_\_ (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	PST PEREZ, FRANCISCO 5555 SW 67 AVE #107 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, ST Perez, Francisco 2897 SW 69 Court Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attached other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 3/27/2000 Daytime Phone #: 305 267 7748

CR20014 (1/99)