

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015950

1. Entity Name

FLEX DATA CORP.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90029 033 ***150.00

Principal Place of Business

5000 S.W. 52 STREET
BAY 513 C
DAVIE FL 33314
US

Mailing Address

5000 S.W. 52 STREET
BAY 513 C
DAVIE FL 33314-5514
US

2. Principal Place of Business

4805 NW 79th Ave

3. Mailing Address

4805 NW 79th Ave

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SUITE 8

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0644966

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

ALVES, JOSE LUIS
5000 SW 52ND ST.
#513-C
DAVIE FL 33314

Name

ALVES, JOSE LUIS

Street Address (P.O. Box Number is Not Acceptable)

4805 NW 79th Ave # 8

City

MIAMI

FL

Zip Code

33166

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

03.14.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS ALVES, JOSE L
CITY-ST-ZIP 5000 SW 52ND ST., #513-C
DAVIE FL 33314

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS ALVES, JOSE L
CITY-ST-ZIP 4805 NW 79th Ave, suite 8
MIAMI, FL 33166

TITLE ☐ Delete
NAME VP
STREET ADDRESS AFFONSO PEIXE, MONICA
CITY-ST-ZIP 5000 SW 52ND ST., #513-C
DAVIE FL 33314

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS AFFONSO PEIXE, MONICA
CITY-ST-ZIP 4805 NW 79th Ave, suite 8
MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.14.00

Date

305-468-8283

Daytime Phone #

CR2E034 (9/99)