

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90230 046 ***150.00

DOCUMENT # P96000015950

1. Entity Name
FLEX DATA CORP.



Principal Place of Business
**4805 NW 79TH AVE
STE 8
MIAMI FL 33166
US**

Mailing Address
**4805 NW 79TH AVE
STE 8
MIAMI FL 33166
US**

2. Principal Place of Business

10843 NW 29th STREET

Suite, Apt. #, etc.

3. Mailing Address

10843 NW 29th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

USA

City & State

MIAMI, FL

Zip

33172

Country

USA

4. FEI Number

65-0644966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ALVES, JOSE LUIS
4805 NW 79TH AVE
#8
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

ALVES, JOSE LUIS

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

10843 NW 29th STREET

City

MIAMI

FL

Zip Code

33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/11/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALVES, JOSE L	
STREET ADDRESS	4805 NW 79TH AVE STE 8	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AFFONSO PEIXE, MONICA	
STREET ADDRESS	4805 NW 79TH AVE STE 8	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVES, JOSE L	
STREET ADDRESS	10843 NW 29th STREET	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AFFONSO PEIXE, MONICA	
STREET ADDRESS	10843 NW 29th STREET	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

04/11/03

Date

305-468-8283

Daytime Phone #

CR2E034 (10/02)