

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90285 044 ***150.00

DOCUMENT # P96000019765

1. Entity Name

MEX-PLACE INC.

Principal Place of Business
451 ALTAMONTE DR. STE K9
ALTAMONTE SPRINGS FL 32701

Mailing Address
451 ALTAMONTE DR. STE K9
ALTAMONTE SPRINGS FL 32701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

451 Altamonte Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1305

City & State

City & State

Altamonte Springs

4. FEI Number

65-0648127

Applied For

Not Applicable

Zip

Country

Zip

Country

32701

USA

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

LIBREROS, EDINSON
4421 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

Name **Libreros Edinson**

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

11633 Bruce Hunt Rd

City

Clermont

FL

Zip Code

34711

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **LIBREROS, DORA**
 CITY-ST-ZIP **4421 HOLLYWOOD BLVD**
HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
 NAME **ST**
 STREET ADDRESS **Libreros, Dora**
 CITY-ST-ZIP **11633 Bruce Hunt Rd**
Clermont, FL 34711

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Edinson Libreros

4-30-02

Date

Daytime Phone #

CR2E034 (9/01)