

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020701

1. Entity Name

PIALEX COMMUNICATIONS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-28-2000 90058 014 ***150.00

Principal Place of Business

Mailing Address

15120 S.W. 72ND STREET
MIAMI FL

15120 S.W. 72ND STREET
MIAMI FL 33193-3228

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 **65-0652250**

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

MARTINEZ, ALEX
15120 S.W. 72ND STREET
MIAMI FL

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, 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	VD	<input type="checkbox"/> Delete
NAME	COLON, PILAR	
STREET ADDRESS	15120 S.W. 72ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ALEX MARTINEZ PD	<input type="checkbox"/> Delete
NAME	15120 SW 72ND ST	
STREET ADDRESS	MIAMI, FL	
CITY-ST-ZIP		
TITLE	RAFAEL MARTINEZ	<input type="checkbox"/> Delete
NAME	7923 SW 72ND ST.	
STREET ADDRESS	MIAMI, FL 33193	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME	See attachment	
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"/> 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-00 (305) 255-1114

Date

Daytime Phone #

CR2E034 (9/99)

PIALEX COMMUNICATIONS, Inc.

TITLE Vice president
NAME Pilar Colon
SREET ADDRESS 15120 SW 72ND Street
CITY-ST-ZIP MIAMI FL 33193

TITLE President
NAME Alexander Martinez
SREET ADDRESS 15120 SW 72ND Street
CITY-ST-ZIP MIAMI FL 33193

TITLE General Manager
NAME Rafael Martinez
SREET ADDRESS 15120 SW 72ND Street
CITY-ST-ZIP MIAMI FL 33193

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Doc# 960000 20701

