

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90138 013 ***150.00

DOCUMENT # P96000029965

1. Entity Name
D'AXIS CORPORATION



Principal Place of Business
**10462 NW 31ST TERR
MIAMI FL 33172**

Mailing Address
**10462 NW 31ST TERR
MIAMI FL 33172**

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 **65-0665241**

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

7. Name and Address of New Registered Agent

**ROBLES, MARIO
10458 N.W. 31 TERRACE
MIAMI FL 33172**

Name

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

10462 N.W. 31 TERRACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ROBLES, MARIO | |
| STREET ADDRESS | 10466 N.W. 31 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MALLA DE ROBLES, NURIA | |
| STREET ADDRESS | 10458 N.W. 31ST TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ROBLES, ZASHA | |
| STREET ADDRESS | 10458 N.W. 31 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| 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 | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robles, MARIO | |
| STREET ADDRESS | 10462 N.W. 31 TERRACE | |
| CITY-ST-ZIP | MIAMI, FL. 33172 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robles, NURIA S. | |
| STREET ADDRESS | 10462 N.W. 31 TERRACE | |
| CITY-ST-ZIP | MIAMI, FL. 33172 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robles, ZASHA | |
| STREET ADDRESS | 10462 N.W. 31 TERRACE | |
| 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 | | |

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/03 (305) 594-3000
Date Daytime Phone #

CR2E034 (10/02)