

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052812

1. Entity Name
TELOX CORPORATION

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90066 044 ***150.00

Principal Place of Business
**4901 NW 17TH WAY
SUITE 501
FORT LAUDERDALE FL 33309**

Mailing Address
**4901 NW 17TH WAY
SUITE 501
FORT LAUDERDALE FL 33309**

2. Principal Place of Business
**4901 NW 17th WAY
Suite, Apt. #, etc.
503**

3. Mailing Address
**4901 NW 17th WAY
Suite, Apt. #, etc.
503**

City & State
FORT LAUD
Zip
33309

City & State
FORT LAUD
Zip
33309

4. FEI Number **65-0718852**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, ALBERTO
4901 NW 17 WAY STE 503
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SANCHEZ, ALBERTO
4901 NW 17TH WAY
FORT LAUDERDALE FL 33309**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ANA SANCHEZ
4901 NW 17th WAY # 503
FORT LAUDERDALE FL 33309**

☐ Change

☒ Addition

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO SANCHEZ (954) 351-2215

Date

Daytime Phone #

CR2E034 (10/00)