

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000073237**

1. Entity Name

NIXOR, CORP.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90043 037 ***158.75

Principal Place of Business

3363 W. COMMERCIAL BLVD.
STE. 105
FT LAUDERDALE FL 33309

Mailing Address

3363 W. COMMERCIAL BLVD.
STE. 105
FT LAUDERDALE FL 33309-3426

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 **65-0784136**Applied For
Not Applied5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 SOUTH DIXIE HWY PH 2
MIAMI FL 33156

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	PENNINI, SAUL	
STREET ADDRESS	AVENIDA BELGRANO 1683 PISO 12	
CITY-ST-ZIP	BUENOS AIRES 1093 ARGENTINA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SUAREZ, MIGUEL	
STREET ADDRESS	AVENIDA BELGRANO 1683 PISO 12	
CITY-ST-ZIP	BUENOS AIRES 1093 ARGENTINA	
TITLE	DT	<input type="checkbox"/> Delete
NAME	QUIRICI, GUSTAVO	
STREET ADDRESS	AVENIDA BELGRANO 1683 PISO 12	
CITY-ST-ZIP	BUENOS AIRES 1093 ARGENTINA	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINI, SAUL	
STREET ADDRESS	3363 W. COMMERCIAL BLVD. SUITE # 105	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309, U.S.A	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, MIGUEL	
STREET ADDRESS	ALICIA MOREAU DE JUSTO 1720 PISO 2 "E"	
CITY-ST-ZIP	BUENOS AIRES, 1107, ARGENTINA	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRICI, GUSTAVO	
STREET ADDRESS	ALICIA MOREAU DE JUSTO 1720 PISO 2 "E"	
CITY-ST-ZIP	BUENOS AIRES, 1107, ARGENTINA	
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		

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

Date

Daytime Phone #

01-26-00

(954) 717-3031