

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099986

1. Entity Name
COVALUX, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90036 009 ***150.00

Principal Place of Business

8765 NW 100TH STREET
MIAMI FL 33178
US

Mailing Address

8765 NW 100TH STREET
MIAMI FL 33178
US

C0036692



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0822601

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CELESTINO PENA AND ASSOCIATES
1000 BRICKELL AVE STE 480
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALMERICH, ANTONIO
STREET ADDRESS 8465 NW 100TH STREET
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8765 NW 100 Street
CITY-ST-ZIP

TITLE T
NAME JACOBO MORENO
STREET ADDRESS 8765 NW 100TH STREET
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE S
NAME FRANCISCO ALBINANA
STREET ADDRESS 8765 NW 100TH STREET
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

TITLE VD
NAME MOLINA, ALEIDA M
STREET ADDRESS 1000 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-8873473

CR2E034 (10/00)

0225060