

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100915

1. Entity Name

SIXNELL CORPORATION

Principal Place of Business

Mailing Address

4805 NW 79 AVE.
#3
MIAMI FL 33166

4805 NW 79 AVE.
#3
MIAMI FL 33166

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

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

MALEXYS, MORALES P DEVEIGA
4805 NW 79 AVE SUITE 16
MIAMI FL 33166

Name

MORALES DE VEIGA, MALEXYS

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

4805 NW 79 AVE. SUITE # 3

City

MIAMI

FL

Zip Code

33166

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 X

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 DP ☐ Delete
NAME MALEXIS MORALES PAIVA DE VEIGA
STREET ADDRESS 10470 NW 48th ST.
CITY-ST-ZIP MIAMI FL 33178

TITLE DP ☒ Change ☐ Addition
NAME MORALES DE VEIGA, MALEXYS
STREET ADDRESS 10470 NW 48 ST.
CITY-ST-ZIP MIAMI, FL 33178

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
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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 another like empowered.

SIGNATURE: X MALEXYS M. DE VEIGA PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90029 044 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)