## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000106029** 1. Entity Name FLEXXSPACE USA, INC. 05-01-2001 90100 012 \*\*\*150 00 Principal Place of Business Mailing Address 1400 N.W. 107TH AVENUE 1400 N.W. 107TH AVENUE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0807818 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVY, JOEL Street Address (P.O. Box Number is Not Acceptable) 1400 N.W. 107TH AVENUE **MIAMI FL 33172** City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition TITLE PD ☐ Delete NAME ADLER, MICHAEL M NAME STREET ADDRESS STREET ADDRESS 1400 N.W. 107TH AVENUE CITY-ST-ZIP CITY-ST-7iP MIAMI FL 33172 Change ☐ Addition Delete TITLE TITLE DVAS LEVY, JOEL NAME NAME STREET ADDRESS STREET ADDRESS 1400 N.W. 107TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change Addition TITLE ☐ Delete NAME ARRIZURIETA, LUIS NAME STREET ADDRESS STREET ADDRESS 1400 N.W. 107TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 Change ☐ Addition TITLE AS ☐ Delete TITI F NAME NAME ADLER, LINDA K STREET ADDRESS STREET ADDRESS 1400 N.W. 107TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 apprecase with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

City-St-7IP

TITLE

NAME STREET ADDRESS

Joel Levy
Executive Vice President
D NAME OF SIGNING OFFICER OF DIRECTOR

04/15/01

(305) 392-4050

☐ Change

☐ Addition