2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trus changed, or on an attachment with an

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RINTER NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 07, 2000 8:00 am Secretary of State DOCUMENT # **P98000022625** 1. Entity Name ELIX GROUP, INC. 05-07-2000 90022 045 ***150.00 Principal Place of Business Mailing Address 10241 N.W. 52ND LANE 10241 N.W. 52ND LANE MIAMI FL 33178 MIAMI FL 33178-6620 2. Principal Place of Business Mailing Address SZNO LAND Mul DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number / & State 68-0820353 Not Applicable \$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 BARED, PABLO R Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE. #177 **CORAL GABLES FL 33146** 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. SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SPD ☐ Delete TITLE DUGARTE, ROBERTO NAME NAME 10241 N.W. 52 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Change ☐ Addition TITLE Delete TITLE BENINI, MARCO NAME NAME VIA NICENETO 141, 1-00124 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROMA, ITALIA TTChange TITLE BENINI, ROBERTO NAME NAME VIA NICCOLO TOMMASEA 921 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1-20075 LODI, ITALIA ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information stopplied 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 trusked empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if