

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023361

1. Entity Name

FOIX ENTERPRISES OF BREVARD, INC.

FILED

May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90084 015 \*\*\*150.00

Principal Place of Business

415 S BABCOCK ST  
MELBOURNE FL 32901

Mailing Address

415 S BABCOCK ST  
MELBOURNE FL 32901-1213

2. Principal Place of Business

1900 S. HARBOR CITY BLVD

3. Mailing Address

1900 S. HARBOR CITY BLVD

Suite, Apt., etc.

SUITE 228

Suite, Apt., etc.

SUITE 228

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32901-4760

Country

BREVARD

Zip

32901-4760

Country

BREVARD

6. Name and Address of Current Registered Agent

FOIX, RAMON A  
415 S BABCOCK ST  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: FOIX, RAMON A  
Street Address (P.O. Box Number is Not Acceptable): 1900 S. HARBOR CITY BLVD. # 228  
City: MELBOURNE FL Zip Code: 32901-4760

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

Ramon A. Foix Sec. x

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/17/00

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FOIX, RAMON A	
STREET ADDRESS	415 S BABCOCK ST	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOIX, MARSHA	
STREET ADDRESS	415 S BABCOCK ST	
CITY-ST-ZIP	MELBOURNE FL 32901	
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	D/PIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOIX, RAMON A	
STREET ADDRESS	1900 S. HARBOR CITY BLVD #228	
CITY-ST-ZIP	MELBOURNE, FL 32901-4760	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOIX, MARSHA	
STREET ADDRESS	1900 S. HARBOR CITY BLVD. #228	
CITY-ST-ZIP	MELBOURNE, FL 32901-4760	
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: x

Signature and Typed or Printed Name of Signing Officer or Director: Ramon A. Foix, Pres.

Date

3/17/00

Daytime Phone #

125-0705

CR2F034 (9/00)