

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031936

1. Entity Name

NAFTEX INTERNATIONAL, INC.

Principal Place of Business

1603 W MCNAB RD  
POMPANO BEACH FL 33069

Mailing Address

1000 WEST MCNAB ROAD  
POMPANO BEACH FL 33069

2. Principal Place of Business

1000 W. MCNAB ROAD

3. Mailing Address

1455 SOUTHFORD RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE K

City & State

POMPANO BEACH, FL.

City & State

SOUTHBURY CT

Zip

33069

Country

USA

Zip

06488

Country

U.S.A.

4. FEI Number

65-0828699

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIBERT, THOMAS J  
1603 WEST MCNAB RD  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

THOMAS J. HIBERT

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

8522 N.W. 2ND MANOR

City

CORAL SPRINGS

FL

Zip Code

33071

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

*Thomas J. Hibert*

Registered Agent

7/13/01

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)

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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

TITLE	D	<input type="checkbox"/> Delete
NAME	HIBERT, TOM	
STREET ADDRESS	1603 WEST MCNAB RD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIESES, JUAN	
STREET ADDRESS	1000 WEST MCNAB ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBERT, TOM	
STREET ADDRESS	8522 N.W. 2ND MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300004533753--9	
STREET ADDRESS	-08/14/01--01043--019	
CITY-ST-ZIP	****558.75 ****558.75	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. MARDIS	
STREET ADDRESS	1455 SOUTHFORD RD, SUITE K	
CITY-ST-ZIP	SOUTHBURY CT 06488	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL MEDINA	
STREET ADDRESS	1000 WEST MCNAB ROAD	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
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:

*Michael J. Mardis*

MICHAEL J. MARDIS

02/02/01

(203) 264-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)