

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90037 001 \*\*\*150.00

**DOCUMENT # P98000032536**

1. Entity Name

**M.X. INTERNATIONAL, CORP.**

Principal Place of Business

Mailing Address

835 NW 45TH AVE. STE 11  
 MIAMI FL 33126

835 NW 45TH AVE. STE 11  
 MIAMI FL 33126-2468

2. Principal Place of Business

**8356 NW 10 ST**

3. Mailing Address

**8356 NW 10 ST**

Suite, Apt. #, etc.

**SUITE D-7**

Suite, Apt. #, etc.

**SUITE D-7**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0827293**

Applied For

Not Applicable

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ROSADO, MARIA GABRIELA**  
**835 NW 45TH AVE, STE 11**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **ROSADO, MARIA GABRIELA**

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

**8356 NW 10 ST**

**SUITE D-7**

City

**MIAMI**

FL

Zip Code

**33126**

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

*M. Gabriela Rosado*  
 Signature, typed or printed name of registered agent and title if applicable.

*PRESIDENT*  
 (NOTE: Registered Agent signature required when reinstating)

*1/31/00*  
 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** ☐ Delete  
 NAME **ROSADO, MARIA GABRIELA**  
 STREET ADDRESS **8356 NW 10 ST D-7**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/T** ☒ Change ☐ Addition  
 NAME **ROSADO, MARIA GABRIELA**  
 STREET ADDRESS **8356 NW 10 ST, D-7**  
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D/VP/S** ☐ Change ☒ Addition  
 NAME **IYETTE ROMERO**  
 STREET ADDRESS **8356 NW 10 ST, D-7**  
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*M. Gabriela Rosado* *PRESIDENT* *1/31/00* *(305) 262-2618*