2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90219 048 ***150.00

DOCUMENT # P98000038459

1. Entity Name
NATALEX CORP.

Principal Place of Business	Mailing Address
230 S.W. 136 PLACE MIAMI FL 33182	230 S.W. 136 PLACE MIAMI FL 33182

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROHAN, LAURENCE J 4675 PONCE DE LEON BLVD. #302 CORAL GABLES FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YANES, RICARDO	NAME	
STREET ADDRESS	230 S.W. 136 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YANES, MARTHA	NAME	
STREET ADDRESS	230 S.W. 136 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YANES, RICHARD	NAME	
STREET ADDRESS	230 S.W. 136 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Martha Yanes (MARTHA YANES) 4/15/01 (305) 559-2027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #