

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-28-2002 91747 002 ***150.00

1. Entity Name
DIVAX CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7967 N.W. 64 TH ST
Suite, Apt. #, etc.

3. Mailing Address
7967 N.W. 64 TH ST
Suite, Apt. #, etc.

*City & State
MIAMI FLORIDA
Zip
33166
Country
U.S.A.

City & State
MIAMI FLORIDA
Zip
33166
Country
U.S.A.

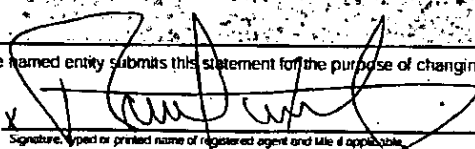
4. FEI Number
65-0842478
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** 00000000
00000000

39947
DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
RAUL PULIDO
Street Address (P.O. Box Number is Not Acceptable)
7967 N.W. 64 TH ST
City **MIAMI** FL Zip Code
33166

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) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** 00000000
00000000

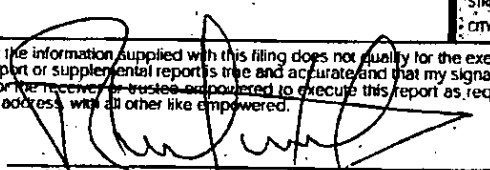
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P PULIDO, RAUL 7967 N.W. 64TH ST MIAM FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GARCIA, CIRO A 7967 N.W. 64TH ST MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S MORENO, DORIS Y 7967 N.W. 64TH ST MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T PULIDO, REYNA V 7967 N.W. 64 TH ST MIAMI FL 33166
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-02

Date

Daytime Phone #

CR2E034B (12/01)