

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90133 004 \*\*\*550.00

**DOCUMENT # P98000059448**

1. Entity Name  
**PLEXUS/M2, INC.**

Principal Place of Business

**848 BRICKELL AVE.  
 #920  
 MIAMI FL 33131  
 US**

Mailing Address

**848 BRICKELL AVE.  
 #920  
 MIAMI FL 33131  
 US**

2. Principal Place of Business

3. Mailing Address

**848 BRICKELL AVE.**

**848 BRICKELL AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#600**

**#600**

City & State

City & State

**MIAMI, FL**

**MIAMI, FL**

Zip

**33131**

Country

**USA**

Zip

**33131**

Country

**USA**

4. FEI Number

**65-6850158**

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

**MARTELL, IVAN L.H.  
 840 BRICKELL AVE.  
 STE 920  
 MIAMI FL 33131**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VTD  
 MARTELL, KYLE H  
 848 BRICKELL AVE #920  
 MIAMI BEACH FL 33131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VTD  
 MARTELL, KYLE H.  
 848 BRICKELL AVE, #600  
 MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD  
 MARTELL, IVAN  
 848 BRICKELL AVE-STE 920  
 MIAMI FL 33131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD  
 MARTELL, IVAN L. H.  
 848 BRICKELL AVE. - STE 600  
 MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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 life empowered.

SIGNATURE:

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

**7-2-01**

Date

**305.377.2880**

Daytime Phone #

CR2E034 (5/01)