

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90510 048 ***150.00

DOCUMENT # P98000076808

1. Entity Name

CAYEX INVESTMENT CORP.

Principal Place of Business

6937 S.W. 115TH PLACE
 UNIT F
 MIAMI FL 33173

Mailing Address

6937 S.W. 115TH PLACE
 UNIT F
 MIAMI FL 33173

00024252



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

861 NE 207 LN
 Suite, Apt. #, etc.
103-14

3. Mailing Address

861 NE 207 LN (103-14)
 Suite, Apt. #, etc.
103-14

City & State

MIAMI, FL

City & State

MIAMI, FLORIDA

4. FEI Number

65-0908887

Applied For

Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EXUME, CLAUDE
 6937 S.W. 115TH PLACE
 UNIT F
 MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

EXUME, CLAUDE

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

861 NE 207 LN

103-14

City

MIAMI

FL

Zip Code

33179

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

TITLE ☒ Delete
 NAME **D CAYARD, FRANTZ**
 STREET ADDRESS **6937 S.W. 115TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ Delete
 NAME **D EXUME, CLAUDE**
 STREET ADDRESS **6937 S.W. 115TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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 ☒ Change ☐ Addition
 NAME **D CAYARD FRANTZ**
 STREET ADDRESS **861 NE 207 LN 103-14**
 CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☒ Change ☐ Addition
 NAME **D CLAUDE EXUME**
 STREET ADDRESS **861 NE 207 LN 103-14**
 CITY-ST-ZIP **MIAMI, FL 33179**

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

02/20/01

Date

305-257-4343

Daytime Phone #

CR2E034 (10/00)

0216652