

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90048 006 ***550.00

1. Entity Name
THE PROXY FACTORY, INC.

Principal Place of Business	Mailing Address
161 SHORE DRIVE SOUTH MIAMI FL 33133	161 SHORE DRIVE SOUTH MIAMI FL 33133

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.Suite Ant # etcCity & StateCity & State

4. FEI Number **65-0913229**

Applied For
Not Applicable

Zip

CountryZinCountry

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

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

GONZALEZ-ALVAREZ, ALFREDO
161 SHORE DRIVE SOUTH
MIAMI FL 33133

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">FL</div> <div>Zip Code</div> </div>

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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
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TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ-ALVAREZ, ALFREDO	
STREET ADDRESS	161 SHORE DR S	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/20/02

(305) 854-4754

CR2E034 (4/02)