

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000069951**1. Entity Name
INTERAXIOM CORPORATION

Principal Place of Business

1043 SOUTH 14TH COURT

LANTANA FL 33462

Mailing Address

1043 SOUTH 14TH COURT

LANTANA FL 33462

2. Principal Place of Business

21911 SATINWOOD DRIVE

3. Mailing Address

21911 SATINWOOD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1011764

Applied For

Not Applicable

Zip
33428

Country

Zip
33428

Country

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

6. Name and Address of Current Registered Agent

ABELLERA ROSITO PDR.
1043 S. 14TH COURT

LANTANA FL 33462 US

7. Name and Address of New Registered Agent

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 _____ **04/29/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CTO	<input type="checkbox"/> Delete
NAME	DENG JIANYU	
STREET ADDRESS	4035 SW 15TH ST. #F311	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ABELLERA ROSENDO M	
STREET ADDRESS	1043 SOUTH 14TH COURT	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG ROSELYN	
STREET ADDRESS	5168 LITTLE BETH DRIVE SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSS ABELLERA M	
STREET ADDRESS	8351 RIGLEA AVENUE	
CITY-ST-ZIP	BUENA VISTA CA 90621	
TITLE	PCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENG JIANYU	
STREET ADDRESS	21911 SATINWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	CCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELLERA ROSENDO M	
STREET ADDRESS	21911 SATINWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE: Russ Abellera

VP

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)