

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90020 007 ***150.00

US/209
 AY

DOCUMENT # P99000095167

1. Entity Name
TARGEX CORP.

Principal Place of Business

2750 CORAL WAY
 STE 202
 MIAMI FL 33145-3200

Mailing Address

2750 CORAL WAY
 STE 202
 MIAMI FL 33145-3200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3654 SW 25th STREET

Suite, Apt. #, etc.

3. Mailing Address

3654 SW 25th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0958147

Applied For

Not Applicable

Zip
33133

Country
USA.

Zip
33133

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, EFREN E
2750 CORAL WAY
STE 202
MIAMI FL 33145-3200

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 **EFREN E. GONZALEZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/2002

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, 2002 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 **PD** ☐ Delete
 NAME **GONZALEZ, EFREN E**
 STREET ADDRESS **3654 SW 25TH STREET**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **TD** ☐ Delete
 NAME **RIVERO, JUANA M**
 STREET ADDRESS **3454 SW 25TH STREET**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

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

04/22/2002
 Date

305-442-8809
 Daytime Phone #

CR2E034 (9/01)