2000 UNIFORM BUSINESS REPORT (UBR) Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P99000100280** 1. Entity Name MTXWORKS, INC. 04-14-2000 90083 038 ***150.00 Mailing Address Principal Place of Business 3050 NW 42ND AVE #307C --- NW 42ND AVE #307C COCONUT CREEK FL 33066-2186 CREEK FL 33066 **UUUUNULU** 2. Principal Place of Business 3. Mailing Address 23466 SW 577 AUF 23466 SW 57 TH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 501 501 City & State BOCA RATON, FL Applied For 4. FEI Number City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NICHOLAS PIPERIS, GIANNI Street Address (P.O. Box Number is Not Acceptable) 3050 NW 42ND AVE #307C 23466 SW 57 It **COCONUT CREEK FL 33066** AUE 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. 4-8-00 (NOTE: Registered Agent signature required when reinstating) itle if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE NAME PIPERIS, GIANNI NAME STREET ADDRESS STREET ADDRESS 3050 NW 42ND AVE #307C CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 Delete ☐ Change ☐ Addition TITLE TITLE NAME PIPERIS, NICHOLAS NAME STREET ADDRESS STREET ADDRESS 23466 NW 57TH AVE #401 CITY-ST-ZIP CITY-ST-ZIP **BOCA ATON FL 33428** _____Change ☐ Addition ☐ Delete TITLE PIPERIS, NICHOLAS NAME NAME 23466 NJ 577H AJE #501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS 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 adoptess, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: