

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90067 013 ***150.00

DOCUMENT # S63745

1. Entity Name

MEXAL CORP.

Principal Place of Business

**4908A SW 72ND AVE.
 MIAMI FL 33155
 US**

Mailing Address

**4908A S.W. 72ND AVE
 MIAMI FL 33155-5548
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0270566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SUSSMAN, LEONARD
 4699 SW 72ND AVE.
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

IRVING J. WHITMAN

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

3929 POUCE DE LEON BLVD.

City

CORAL GABLES.

FL

Zip Code

33134

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

IRVING J. WHITMAN, ESQ.

(NOTE: Registered Agent signature required when reinstating)

4-11-2000
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 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 **VP** ☐ Delete
 NAME **ILIAT M. LLAMOZAS**
 STREET ADDRESS **4908-A S.W. 72ND AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ Delete
 NAME **CANELON, ELSA-MARGARITA**
 STREET ADDRESS **4908A SW 72ND AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **S & T** ☐ Delete
 NAME **ALEJANDRO, LLAMOZAS**
 STREET ADDRESS **4908A SW 72ND AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Delete
 NAME **LLAMOZAS, FRANCISCO**
 STREET ADDRESS **4908-A SW 72ND AVE.**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Change ☐ Addition
 NAME
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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)(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:

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

JAN 07 / 2000 **(305) 439-3041**
 Date Daytime Phone #

CR2E034 (9/99)