

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 8:00 am**
Secretary of State

05-01-2001 90099 048 ***158.75

0150115

DOCUMENT # S83087

1. Entity Name

STILLEX CORPORATION

Principal Place of Business

**444 BRICKELL AVE
PMB 51-246
MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVE
PMB 51-246
MIAMI FL 33131**

2. Principal Place of Business

444 Brickell Avenue

3. Mailing Address

Suite, Apt. #, etc.

Plaza 51-246

City & State

Miami, FL

City & State

Zip
33131Country
U.S.A.

Zip

Country

4. FEI Number **65-0294240**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC
100 S E SECOND STREET
SUITE 2315-A
MIAMI FL 33131**

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

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAVARD, J	
STREET ADDRESS	444 BRICKELL AVE, PMB 51-246	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	SMEJDA, L	
STREET ADDRESS	444 BRICKELL AVE, PMB 51-246	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TAS	<input checked="" type="checkbox"/> Delete
NAME	MEDINA, D	
STREET ADDRESS	444 BRICKELL AVE, PMB 51-246	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVARD, J.	
STREET ADDRESS	444 Brickell Ave. - Plaza 51-246	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	S - VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMEJDA, L.	
STREET ADDRESS	444 Brickell Ave. - Plaza 51-246	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	T - AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, D.	
STREET ADDRESS	444 Brickell Ave. - Plaza 51-246	
CITY-ST-ZIP	Miami, FL 33131	
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:

*J. Gavard***J. Gavard****04/19/01****(305) 358-4441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)