

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90183 001 ***150.00

DOCUMENT # S88474

1. Entity Name
CORPO-MEX, INC.

Principal Place of Business
5201 BLYS LAGOON DR STE 100
MIAMI FL 33126

Mailing Address
5201 BLYS LAGOON DR STE 100
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 S. Biscayne BLVD
 Suite, Apt. #, etc.
Suite 200
 City & State
MIAMI FL
 Zip
33131 Country
U.S.A

3. Mailing Address
200 S. Biscayne BLVD
 Suite, Apt. #, etc.
Suite 200
 City & State
MIAMI FL
 Zip
33131 Country
U.S.A

4. FEI Number **65-0454335** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GALLEGOS, MARK S
5201 BLUE LAGOON DR STE 100
MIAMI FL 33126

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 _____ (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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLEGOS, ARMANDO		NAME		
STREET ADDRESS	10128 NW 80TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33016		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLEGOS, SOILA		NAME		
STREET ADDRESS	10128 NW 80TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33016		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOOSBY, DORSY DR.		NAME		
STREET ADDRESS	151 NW 11 ST.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARZA, CIPRIANO		NAME		
STREET ADDRESS	101 NE 19 ST.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33030		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE LEON, ARTURO		NAME		
STREET ADDRESS	25700 SW 212 AVE.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33031		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01

CR2E034 (10/00)