

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **V54851**

1. Entity Name

Roxitex Corporation

FILED

00 NOV 14 PM 4:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**5543 N.W. 72 Ave
Miami FL 33166**

Mailing Address

**10965 S.W. 157 Terrace
Miami, FL 33157**

2. Principal Place of Business

5543 N.W. 72nd Ave

3. Mailing Address

10965 S.W. 157 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI FLORIDA

4. FEI Number

65 034 1234

Applied For

Not Applicable

Zip

33166

Country

D.S.A

Zip

33157

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Jorge Garafulic
Calle Jaime Mendoza #45
Santa Cruz - Bolivia**

7. Name and Address of New Registered Agent

**Name: Sonia Pereyra
Street Address (P.O. Box Number is Not Acceptable):
10965 S.W. 157 Terrace**

City: Miami FL Zip Code: 33157

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.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

11/07/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: President
NAME: Jorge Garafulic
STREET ADDRESS: Calle Jaime Mendoza #45
CITY-ST-ZIP: Santa Cruz - Bolivia** ☒ Delete

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

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CITY-ST-ZIP:**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE: President
NAME: Sonia Pereyra
STREET ADDRESS: 10965 S.W. 157 Terrace
CITY-ST-ZIP: Miami, FL 33157** ☐ Change ☒ Addition

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

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/00
Date

305 882-0037
Daytime Phone #

CR2E034 (5/00)