

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90189 028 \*\*\*150.00

0159612

**DOCUMENT # V69617**

1. Entity Name  
**DAXAL INVESTMENTS, INC.**

Principal Place of Business

**1607 PONCE DE LEON BLVD #101  
 CORAL GABLES FL 33134  
 US**

Mailing Address

**1607 PONCE DE LEON BLVD #101  
 CORAL GABLES FL 33134  
 US**

**00008154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**250 GIRALDA AVE  
 Suite, Apt. #, etc.  
 CORAL GABLES, FL  
 City & State**

3. Mailing Address

**250 GIRALDA AVE  
 Suite, Apt. #, etc.  
 CORAL GABLES, FL  
 City & State**

4. FEI Number **65-0405300**

Applied For  
 Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**NUNEZ, ALEJANDRO  
 1607 PONCE DE LEON BLVD #101  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **NUNEZ, ALEJANDRO**

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

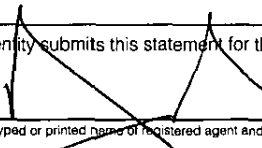
**250 GIRALDA AVENUE**

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

**ALEJANDRO NUNEZ, ESQ**  
 (NOTE: Registered Agent signature required when reinstating)

**4-26-01**  
 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 **PSTD** ☐ Delete  
 NAME **SANTE-NUNEZ, LOURDES**  
 STREET ADDRESS **1607 PONCE DE LEON BLVD #101**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 **PSTD** ☒ Change ☐ Addition  
 NAME **SANTE-NUNEZ, LOURDES**  
 STREET ADDRESS **250 GIRALDA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

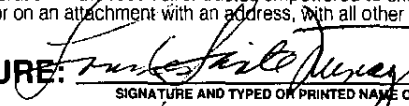
TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:  **LOURDES SANTE-NUNEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-01 305-7746222**  
 Date Daytime Phone #

CR2E034 (10/00)