## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # -V48525 1. Entity Name 05-07-2002 90212 001 \*\*\*150.00 ALMEX USA, INC. Mailing Address Principal Place of Business PO BOX 170409 14100 PALMETTO FRONTAGE RD HIALEAH FL 33017-0409 SUITE 210 MIAMI LAKES FL 33016-1557 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0361348 Not Applicable \$8.75 Additional Zio Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVINE, STANLEY I Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE 7TH FLOOR Zip Code **MIAMI FL 33131** City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE □ Delete TITLE NAME **GUTIERREZ, JOSE RAMON** NAME STREET ADDRESS 14100 PALMETTO FRONTAGE RD STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016-1557 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME CLEMENT, ARTURO NAME STREET ADDRESS 1110 BRICKELL AVENUE, 7TH FL STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-7IP ☐ Change . Addition ☐ Delete TITI F TITLE GRUNWALD, RICARDO NAME STREET ADDRESS 1110 BRICKELL AVENUE, 7TH FL STREET ADDRESS CITY-ST-ZIP **MIAM! FL 33131** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PFINGSTHORN, FEDERICO NAME NAME 1110 BRICKELL AVENUE, 7TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Change ☐ Addition CE<sub>0</sub> TITLE ☐ Delete TITLE NAME RUOS, JAMES L JR NAME STREET ADDRESS 14100 PALMETTO FRONTAGE RD #210 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016-1557 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental tenort is true of the corporation or the receiver or trustee employed changed, or on an attachment with an address, with

SIGNATURE:

PED OR

CITY-ST-ZIP

14 E SIGNING OFFICER OR DIRECTOR