

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 032 ***150.00

DOCUMENT # **G 64739**

1. Entity Name

UNIMEX INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

425869

2. Principal Place of Business

9485 SW 72nd ST

Suite, Apt. #, etc.

A277

City & State

MIAMI, FL

Zip

33173

Country

DADE

3. Mailing Address

9485 SW 72nd ST

Suite, Apt. #, etc.

A277

City & State

MIAMI, FL

Zip

33173

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

9-2368597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BLANCA N. RODRIGUEZ

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

1400 SALZEDO ST, #402

City

CORRAL GABLES, FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
RODRIGUEZ, BLANCA N.
1400 SALZEDO ST, 402
CORRAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**FARAH, MAGDA
1400 SALZEDO ST, #402
CORRAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 305-270-2212

Date

Daytime Phone #

CR2E034B (12/01)