

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90153 021 ***150.00

DOCUMENT # **G 64739**

1. Entity Name

UNIMEX INTERNATIONAL CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1825 PONCE DE LEON BLVD

3. Mailing Address

1825 PONCE DE LEON BLVD

Suite, Apt. #, etc.

#353

Suite, Apt. #, etc.

#353

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

DADE

Zip

33134

Country

DADE

4. FEI Number

59-2368197

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

CORAL GABLES, FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
RODRIGUEZ, BLANCA N.
1400 SALZEDO ST, #402
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
FARAH, MAGDA
1400 SALZEDO ST, #402
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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12. 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 10 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 #

4/7/03 (305) 476-1920

CR2E034B (12/02)