## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J21936**

1. Entity Name

SIGNATURE:

PARIMEX TRADING, INC.

FILED Sep 07, 2000 8:00 am Secretary of State 09-07-2000 90006 012 \*\*\*550.00

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Suite, April et etc.    Coy & State   Coy & State   Country   Zip   Country   S. Cert.Racto of Status Desired   S8.75 Application   S8.75 Applicat	7584 NW 70TH STREET MIAMI FL 33168									
Suite, April et etc.    Coy & State   Coy & State   Country   Zip   Country   S. Cert.Racto of Status Desired   S8.75 Application   S8.75 Applicat	2. Principal P	face of Business	3. Mailing Address							
Zip   Country   Zip   Country   S. Certificate of Status Desired   S. 75 Additional Tes Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
25p   Country   Zip   Country   5. Certificate of Status Desired   \$8,75 Additional Fee Required*	City & State		City & State			4. FEI Number	59-2687415		<b>—</b> —	
CHERCHES, BENSION 6423 COLLINS AVE. MIAM) BCH. FL 33141  City  FL  City  FL  Zip Code  6. The above named entity submits this sistement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signar's types or pressurement agreement ag	Zip	Country	Zip	Country	- ;	5. Certificate of Si	tatus Desired [		<b>75</b> Add	litional
CHERCHES, BENSION 6423 COLLINS AVE.  MAMI BCH. FL 33141  City FL Zrp Code  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, species of this registered agent, appears agent and file a applicative.  NOTE: Registered Agent algoritum accessed when microtricip DATE  Signature, species of this registered agent, or both, in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Florida.  After SEPTEMBEER 13, 2000 Min. will be \$750.00 into Floridation in the State of Floridation in		6. Name and Address of Curre	nt Registered Agent		7	7. Name and Add	iress of New Regis	tered Agen	1	
And above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    City   FL   Zip Code				Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  9. This corporation is, eligible to satisfy, its Intangible.  NAME of Tax filting requirement and elects to do so  Are SEPTEMBER 13, 2000 Min, will be \$750.00 Make Check Payable to Department of State.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 1 1  TITLE  PHERCHES, BENSION  MAKE DEPARTMENT OF STATE  MAME OFFICERS, AND CHECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 1 1  THE MAME OFFICERS AND CHECTORS OFFICERS AND CHECTORS N 1 1  THE MAME OFFICERS AND CHECTORS OFFICERS AND CHECTORS OFFICERS AND CHECTORS OFFICERS AND CHECTORS OFFICERS OFFICERS AND CHECTORS OFFICERS OFFICE	6423 COLLINS AVE.			Street	Street Address (P.O. Box Number is Not Acceptable)					
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  9. This corporation is eligible to satisfy its Intangible Tax tiling requirement and elects to do so. (See criteria on back)  10. FILE NOW!!!_FEE IS.\$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  OHERCHES, BENSION  6423 COLLINS AVE.  STREET ADDRESS  OTTY-51-7P  TILE  OHERCHES, RAQUEL  1053 NE 204 TER  OHERCHES, RAQUEL  10649  TILE  OHERCHES, RAQUEL  107-91-7P  TILE  OHERCHES, COTTY-91-7P  TILE  O	MIA	MI BCH. FL 33141		1						
SIGNATURE    Signature, typed or printed name of registered laper and file J Applicable. INCITE: Registered Apprts signature required when namifating)   Note				City				FL 2	Zip Code	9
Space. Space or prised arms of speased agent and life applicable. (INCPE: Regulated Agent signature application arms of speased agent and life applicable. (INCPE: Regulated Agent signature application are signature and an according to the state of society of socie	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.			
### Spread Notes Control of the eligible to, satisfy, its Intangible Tax killing requirement and elects to do so.   After SEPTEMBER 13, 2000 Min. will be \$750.00   Trust Fund Contribution.   \$5,00 May Be Added to Fees And Directors   12.	SIGNATURE .	Signature, typed or printed name of registered agr	ent and title if applicable. (NOT	E: Registered Agent sign	ature required who	en reinstating)		DATE		
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