2001 UNIFORM BUSINESS REPORT (UBR)				
DOCUMENT # L00000	016187	****	FILED	
FIMEX UNITED LLC .			01 APR 30 AM 11: 12	
Principal Place of Business	Mailing Address	- 	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
BOOK RATON - FL-33431			IALLANASSEE. FLURI	UA .
2. Principal Place of Business	incipal Place of Business SAME 3. Mailing Address SAME		<u> </u>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 65 - 1067540	Applied For Not Applicable
Zip Country	Zip	Country	5 Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered	
1, L, COHEN		Name		
500 NE STANISH RIV		Street Address	(P.O. Box Number is Not Acceptable)	
BOCK RATON-FL-	-33431			
1	·	City	FL	Zip Code
8. The above named entity supmits this statement for the purpose of changing its agistered office or registered agent, or both, in the State of Florida.				
SIGNATURE Signature proof or divided name of persistence agon and title if applicable (NOTE Projectored Agent signature required when reinstature) PATE PATE				
cylladd, yydd a pintod righiadd gaird ar in i tyfrig				
		WIII FEE IS \$50.00	· · · · · · · · · · · · · · · · · · ·	
HANNA CINIC M	EMBERS/MEMBERS	4 0	ADDITIONS/CHANGES	
9. MANAGING ME	Delete	TITLE	ADDITIONS/ CHANGES	☐ Change ☐ Addition 8
NAME I. L. COHEN STREET ADDRESS FOONE SPANISH R	TADDRESS FOONE SPANISH KNER 12009 7101			Change Addition 00/11) \$280
CITY-ST-ZIP BORA RATON-FL	- 33431	CITY-ST-ZIP		U
TITLE NAME	☐ Delete	, TITLE NAME	200004221 -05/17/010	T Change L Addition 18
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS . CITY-ST-ZIP	*****50,00	1012001 *****50.80
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		}
CITY-ST-ZIP		CITY-ST-ZIP		Change Daddition
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
Time	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	•	
CITY-ST-ZIP		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify fir the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
problem (61) 20- 2121				
SIGNATURE: 1, L. COH EN (PRES) 4-17-01 (50) 392-2131 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, M. MAGER, OR AUTHORIZED REPRESENTATIVE Date Deptime Phone #				