

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054858

1. Entity Name
CUMEX INTERNATIONAL INC.



We just Received
FILED
This Renewal Notice
03 SEP 30/25/03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
281 NW 57 AVE.
MIAMI FL 33128

Mailing Address
281 NW 57 AVE.
MIAMI FL 33128



2. Principal Place of Business
7711 SW 20 St
Suite, Apt. #, etc.

3. Mailing Address
7711 SW 20 St
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33155
Country
USA

City & State
Miami, FL
Zip
33155
Country
USA

4. FEI Number 65-1014876

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JORGE
281 NW 57 AVE.
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name
Jorge Lopez
Street Address (P.O. Box Number is Not Acceptable)
7711 SW 20 St
City
Miami FL Zip Code
33155

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 Jorge Lopez (NOT Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	LOPEZ, JORGE	
STREET ADDRESS	281 NW 57 AVE.	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, JORGE	
STREET ADDRESS	407 LINCOLN ROAD #5B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7711 SW 20 St	
CITY-ST-ZIP	Miami, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge Lopez 9/25/03 305 260 4712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

00388600 AN

9/25/03

As per my conversation.
with MR. McKeen
As I Received this Doc.

I call because we have
just Received this notice
& he told me to send it
in with this note
& the check.

Thank You