

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061369

1. Entity Name

WIMPEX & SERVICES, INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91071 045 \*\*\*158.75

A0069206



DO NOT WRITE IN THIS SPACE

Principal Place of Business

323 IVES DAIRY RD UNIT - 8  
N. MIAMI FL 33179

Mailing Address

323 IVES DAIRY RD UNIT - 8  
N. MIAMI FL 33179

2. Principal Place of Business

760 RIVERSIDE DRIVE

3. Mailing Address

323 IVES DAIRY RD #8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. #8

City & State

CORAL SPRINGS, FL.

City & State

NORTH MIAMI, FL.

4. FEI Number

65-101-9702

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AREVALO, LUIS E

323 IVES DAIRY RD UNIT - 8  
N. MIAMI FL 33179

Name

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

City

FL

Zip 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, 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT  
NAME: LUIS E. AREVALO  
STREET ADDRESS: 323 IVES DAIRY RD #8  
CITY-ST-ZIP: NORTH MIAMI, FL. 33179 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VICE-PRESIDENT  
NAME: JAME R. AREVALO  
STREET ADDRESS: 9871 NW 24 ST.  
CITY-ST-ZIP: CORAL SPRINGS, FL. 33065 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: SECRETARY  
NAME: LEDDA E. AREVALO  
STREET ADDRESS: 9871 NW. 24 ST.  
CITY-ST-ZIP: CORAL SPRINGS, FL. 33065 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: TREASURY  
NAME: SILVIA E. AREVALO  
STREET ADDRESS: 323 IVES DAIRY RD #8  
CITY-ST-ZIP: NORTH MIAMI, FL. 33179 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS E. AREVALO

Date

Daytime Phone #

04/30/01

305-493-2430

CR2E034 (10/00)