

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91237 027 ***158.75

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

DOCUMENT # P00000 100 187

1. Entity Name

CONCIMET. CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15722 NW 10ST

Suite, Apt. #, etc.

3. Mailing Address

1876 N University

Suite, Apt. #, etc.

101-D

DO NOT WRITE IN THIS SPACE

City & State

Pembroke - Pine

City & State

Plantation - FL

4. FEI Number

65-1058261

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Victor Arenas

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

15722 NW 10th Street

City

Pembroke Pine FL

Zip Code

33028

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/18/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
VICTOR ARENAS
15722 NW 10 ST
Pembroke - Pine - FL 33028

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE -
CONCIMET. BOGOTA. CORP.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/18/02

Daytime Phone #

CR200345 (12/01)