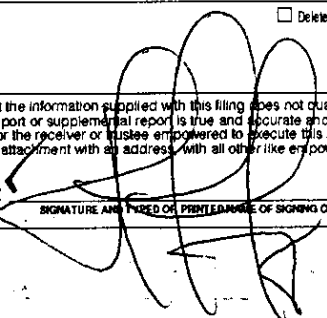


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90213 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000047723			
1. Entity Name SERIMPEX GROUP, CORP.			
Principal Place of Business 5570 NW 61 ST 903 COCONUT CREEK, FL 33073		Mailing Address 5570 NW 61 ST 903 COCONUT CREEK, FL 33073	
2. Principal Place of Business 6730 NW 72 AVE		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33166	Country USA	Zip	Country
4. FEI Number 65-1102381		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELEZ, SANDRA 5570 NW 61 ST SUITE #903 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  (NOTE: Registered Agent's signature required when resigning) DATE			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P VELEZ, SANDRA 5570 NW 61 ST SUITE #903 COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT HECTOR PIEDRA 6730 NW 72 AVE MIAMI FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 		04/21/03 (786) 486 7522	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

90104171



☐ CHECK HERE IF MAKING CHANGES

CR2EC34 (10/02)