

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P01000071822

1. Entity Name
NEMEX, INC.

FILED

02 JAN 23 PM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
619 S. 21st Avenue
Suite, Apt. #, etc.

3. Mailing Address
619 S. 21st Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
65-1123050

Applied For
Not Applicable

Zip Country
33020 USA

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33020 USA

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

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7. Name and Address of Current Registered Agent

Name
Corporation Service Company

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

1201 Hays Street

City Zip Code
Tallahassee FL 32301

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)

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
Director, CEO, Secretary & Treasurer, President
Andrew Lovett
619 S. 21st Avenue
Hollywood, FL 33020

TITLE
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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew Lovett

1/22/2002

Date Daytime (Area #)

CR/E034B (12/01)

2012



ACCOUNT NO. : 072100000032

REFERENCE : 029985 7229347

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 150.00

ORDER DATE : January 23, 2002

ORDER TIME : 3:10 PM

ORDER NO. : 029985-030

CUSTOMER NO: 7229347

CUSTOMER: Maria Etienne, Legal Asst
Kilpatrick Stockton LLP
Suite 2000
200 South Biscayne Boulevard
Miami, FL 33131

ANNUAL REPORT FILING

NAME: NEMEX, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

RECEIVED
02 JAN 23 PM 3:58
EXAMINER'S INITIALS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA