

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90118 004 ***150.00

DOCUMENT # P01000118472

1. Entity Name
IBIMEX, CORP.



Principal Place of Business
**10125 SW 91 TERR
MIAMI FL 33176**

Mailing Address
**10125 SW 91 TERR
MIAMI FL 33176**

2. Principal Place of Business

8249 NW 36TH ST.

3. Mailing Address

8249 NW 36TH ST.

Suite, Apt. #, etc.

209B

Suite, Apt. #, etc.

209B

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33166

Country

USA

Zip

33166

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0410540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IGLESIAS, NICOLAS
10125 SW 91 TERR
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **Nicolas Iglesias**
Street Address (P.O. Box Number is Not Acceptable)
8249 NW 36TH ST. - Suite 209B
City **Miami** FL Zip Code **33166**

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

Nicolas Iglesias

04/05/03

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! 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

TITLE **PD** ☐ Delete
NAME **IGLESIAS, NICOLAS**
STREET ADDRESS **10125 SW 91 TERR**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ Delete
NAME **PERALES, RODRIGO**
STREET ADDRESS **8827 SW 123RD CT.BLDG.3-#207**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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:

SIGNATURE OF NICOLAS IGLESIAS

04/05/03

(786) 286-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)