

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90898 032 ***150.00

0354149 AV

DOCUMENT # P02000122706

1. Entity Name
IMEX TRADING, INC.



Principal Place of Business
**8112 NW 75 AVE
TAMARAC FL 33321-4829**

Mailing Address
**8112 NW 75 AVE
TAMARAC FL 33321-4829**



2. Principal Place of Business
2758 West Atlantic Blvd - 2758WEST Atlantic Blvd

Suite, Apt. #, etc.
Suite # 21

City & State
Pompano Beach, FL

Zip
330269

3. Mailing Address
2758 West Atlantic Blvd - 2758WEST Atlantic Blvd

Suite, Apt. #, etc.
Suite #21

City & State
Pompano Beach, FL

Zip
330269

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
33-1030801

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

**ALVAREZ, CARLOS
8112 NW 75 AVE
TAMARAC FL 33321-4829**

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 **X**

(NOTE: Registered Agent Signature required when reinstating)

DATE

03-31-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, CARLOS 8112 NW 75 AVE TAMARAC FL 33321-4829	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** **SIGNATURE REQUIRED**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-03 **954-2340473**
Date Daytime Phone #

CR2E034 (10/02)