# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 11, 2000 8:00 am**
**Secretary of State**

05-11-2000 90003 043 ***150.00

DOCUMENT # P96000071350

1. Entity Name

ALTIMEX TRADE CORPORATION

Principal Place of Business
96 Pembroke RD
HALLANDALE, FL 33009

Mailing Address
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131

D0047958

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16300 N.E. 19th AVE
Suite, Apt. #, etc.
205
City & State
NORTH MIAMI BEACH, FL
Zip 33162
Country

3. Mailing Address
16300 N.E. 19th AVE
Suite, Apt. #, etc.
205
City & State
NORTH MIAMI BEACH, FL
Zip 33162
Country

4. FEI Number
65-0691274
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FL 33131

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.

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) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**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 | PD ☐ Delete |
| NAME | DE LUSINCHI, BLANCA IBANEZ |
| STREET ADDRESS | 96 Pembroke RD |
| CITY-ST-ZIP | Hallandale, FL 33009 |
| TITLE | VPD ☐ Delete |
| NAME | GARCIA, CARLOS A. |
| STREET ADDRESS | 96 Pembroke RD |
| CITY-ST-ZIP | Hallandale, Fl 33009 |
| TITLE | SD ☐ Delete |
| NAME | GARCIA, LOREN M |
| STREET ADDRESS | 96 Pembroke RD |
| CITY-ST-ZIP | Hallandale, Fl 33009 |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---|
| TITLE | ☒ Change ☐ Addition |
| NAME | 16300 NE 19 Ave., ste. 205 |
| STREET ADDRESS | miami FL 33162 |
| CITY-ST-ZIP | |
| TITLE | ☒ Change ☐ Addition |
| NAME | 16300 N.E. 19 Ave., ste 205 |
| STREET ADDRESS | N. Miami Beach, FL 33162 |
| CITY-ST-ZIP | |
| TITLE | ☒ Change ☐ Addition |
| NAME | 16300 NE 19 Ave, ste 205 |
| STREET ADDRESS | N. Miami Beach 33162 |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] Blanca Lusinchi President 4-25-00 305-9338412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #