

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90151 021 \*\*\*150.00

CR10627 AV

**DOCUMENT # P96000071350**

1. Entity Name  
**ALTIMEX TRADE CORPORATION**

Principal Place of Business <b>3550 BISCAYNE BLVD.          SUITE 304          MIAMI FL 33137          US</b>	Mailing Address <b>3550 BISCAYNE BLVD.          SUITE 304          MIAMI FL 33137          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>436 NE 35 Terrace</b> Suite, Apt. #, etc.	3. Mailing Address <b>436 NE 35 Terrace</b> Suite, Apt. #, etc.
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>65-0691274</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33137</b>	Country <b>Dade</b>	Zip <b>33137</b>	Country <b>Dade</b>

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

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORP.  
 701 BRICKELL AVE.  
 SUITE 3000  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DE LUSINCHI, BLANCA IBANEZ 3550 BISCAYNE BLVD., SUITE 304 MIAMI FL 33137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GARCIA, CARLOS A 3550 BISCAYNE BLVD., SUITE 304 MIAMI FL 33137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GARCIA, LOREN M 3550 BISCAYNE BLVD., SUITE 304 MIAMI FL 33137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>436 NE 35 Terrace Miami, FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>436 NE 35 Terrace Miami, FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>434 NE 35 Terrace Miami, FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Blanca Lusinch**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Blanca Lusinch, President**

Date: **1-31-02** Daytime Phone #: **305-579-1633**

CR2E034 (9/01)