

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005740

1. Entity Name

DIMEX CORPORATION

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90100 031 \*\*\*150.00

Principal Place of Business

7370 NW 36TH STREET  
SUITE 3194  
MIAMI FL 33166  
US

Mailing Address

7370 NW 36TH STREET  
SUITE 3194  
MIAMI FL 33166-6740  
US

2. Principal Place of Business

1200 NW 78TH AVE.

Suite, Apt. #, etc.

SUITE 213

City & State

MIAMI, FL

Zip

33126

Country

DADE

3. Mailing Address

1200 NW 78TH AVE.

Suite, Apt. #, etc.

SUITE 213

City & State

MIAMI, FL

Zip

33126

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0726670

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARISTIZABAL, ADRIANA  
7370 N.W. 36 ST  
STE. 210-E  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

ADRIANA ARISTIZABAL

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

1200 NW 78TH AVE. SUITE 213

City

MIAMI FL

FL

Zip Code

33126

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

ADRIANA ARISTIZABAL General Manager

2/25/00

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	<input checked="" type="checkbox"/> Delete
NAME	ARISTIZABAL, ADRIANA	
STREET ADDRESS	7370 NW 36TH ST., STE 3194	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEOPOLDO SANABRIA	
STREET ADDRESS	1200 NW 78 AVE # 213	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 (305) 436-5681

Date

Daytime Phone #

CR2E034 (9/99)