

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90075 010 ***150.00

DOCUMENT # P97000005740

1. Entity Name

DIMEX CORPORATION

Principal Place of Business

**1200 SW 78TH AVE
 SUITE 213
 MIAMI FL 33126
 US**

Mailing Address

**1200 SW 78TH AVE
 SUITE 213
 MIAMI FL 33126
 US**

2. Principal Place of Business

1200 NW 78 AVE.

3. Mailing Address

1200 NW 78 AVE.

Suite, Apt. #, etc.

213

Suite, Apt. #, etc.

213

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number **NOT APPLICABLE**

65-072-6670

☒ Applied For

☐ Not Applicable

Zip

33126

Country

DAVE

Zip

33126

Country

DAVE

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

**ARISTIZABAL, ADRIANA
 1200 NW 78TH AVE SUITE 213
 MIAMI FL 33126**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SANABRIA, LEOPOLDO**
 STREET ADDRESS **1200 NW 78 AVE 213**
 CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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

LEOPOLDO SANABRIA

4/27/01

Date

(305) 436-5681

Daytime Phone #

CR2E034 (10/00)