2000 UNIFORM BUSINESS REPORT (UBR)

P97000007774

DOCUMENT # P97000007774

1. Entity Name : INTERNATIONAL IMPEX, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16840

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 12951 S.W. 134 ct. Miami, FL 33186

Mailing Address: P.O.BOX 652503 Miami, FL 33265-2503

2. Principal Place of Business	3. Mailing Address	4. FEI Number
12951 S.W. 134 Ct.	P.O.Box 652503	65-0728443
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: Miami, FL	City & State: Miami, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 33186 Country: U.S.A.	Zip: 33265-2503 Country: U.S.A.	

6. Name and Address of Current Registered Agent

ATAEE-NAINI, MASOOD
12951 S.W. 134 ct.
Miami, FL 33186

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
President, Director, Treasurer, Secretary / ATAEE-NAINI, MASOOD / P.O.BOX 652503 Miami, FL 33265-2503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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****150.00 ****150.00

CR2E030 (9/99)

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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: Masood Ataee-Naini 5/12/00 (305)252-1504

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