

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021888

1. Entity Name

Albimex Corp.

FILED

00 APR -6 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5775 Blue Lagoon Dr. #110
Miami, FL 33126

SAME

2. Principal Place of Business

5775 Blue Lagoon Drive

3. Mailing Address

5775 Blue Lagoon Drive

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

MIAMI, FL 33126

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0739359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIGUORI, ANDREA

7601 E. TREASURE DR. #1817

MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name

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

City

900003286749-3

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.

05/03/00 01059 002
***150.00 ***150.00

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 **D** ☒ Delete
NAME **SARTORI, MIGUEL**
STREET ADDRESS **7601 E. TREASURE DRIVE, #1817**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **V** ☐ Delete
NAME **LIGUORI, ANDREA**
STREET ADDRESS **7601 E. TREASURE DRIVE, #1817**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
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

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

TITLE ☐ Change ☐ 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:

Andrea Liguri Pelotti ANDREA LIGUORI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/00
Date

(305) 264-3331
Daytime Phone #

CR2E034 (9/99)