

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90148 006 ***150.00

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DOCUMENT # P97000021888

1. Entity Name
ALBIMEX CORP.



Principal Place of Business
**5775 BLUE LAGOON DRIVE
#110
MIAMI FL 33126**

Mailing Address
**5775 BLUE LAGOON DRIVE
#110
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

2710 PONCE DE LEON Blvd
Suite, Apt. #, etc.

2710 PONCE DE LEON Blvd
Suite, Apt. #, etc.

City & State
CORAL GABLES FLORIDA

City & State
CORAL GABLES FLORIDA

4. FEI Number
65-0739359

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

**LIGUORI, ANDREA
7601 E. TREASURE DR.
#1817
MIAMI BEACH FL 33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrea Liguri*

(NOTE: Registered Agent signature required when reinstating)

04/08/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIGUORI, ANDREA 7601 E TREASURE DR #1817 MIAMI BEACH FL 33141	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrea Liguri* **ANDREA LIGUORI** **04/08/03** **3054441331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)