

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085995

Entity Name
IMEX TRANSNATIONAL CORPORATION

FILED
00 JAN 26 AM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

NW 169TH AVENUE
PINES FL 33028

1941 NW 169TH AVENUE
PEMBROKE PINES FL 33028-2037
US



Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 277916

City & State
MIRAMAR, FL

Zip Country
33027 US

01/26/00 90005 012 150.00

4. FEI Number Applied For
59-3474863 Not Applicable

6. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.
1119 EAST COLONIAL DRIVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name: CARLOS LOERERO

Street Address (P.O. Box Number is Not Acceptable)
7270 NW 12th Street, PH-9

City State Zip Code
Miami FL 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: [Signature] DATE: 1-18-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, OMAR 1941 NW 169TH AVENUE PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S D JAMEI, ADNAN 1941 NW 169th Avenue PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARENAS, WILLIAM 1941 NW 169TH AVENUE PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] Date: 1/18/00 Daytime Phone #: (954) 450-6337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)