

2001 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-10-2001 90075 049 ***150.00

DOCUMENT # P97000085995

1. Entity Name

IMEX TRANSNATIONAL CORPORATION

(LA)

Principal Place of Business Mailing Address
6412 N. UNIVERSITY DRIVE 6412 N. UNIVERSITY DRIVE
SUITE 115 SUITE 115
TAMARAC, FL 33321 TAMARAC, FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 27001

City & State

City & State

TAMARAC, FL

4. FEI Number

59-3474863

Applied For

Not Applicable

Zip

Country

Zip

Country

33320

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

LUCIO, BRONSTEIN, GARBETT & STIPHANY, P.
 80 SW 8th STREET, SUITE 3100
 MIAMI, FLORIDA 33130

Name WLNC Registered Agents, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
address same

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

Saturnino E. Lucio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/5/01

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 ☐ Delete
 NAME PSD
 STREET ADDRESS ADNAN JAMEI
 CITY-ST-ZIP 880 CORAL RIDGE DR. #103
 CORAL SPRINGS, FL 33071

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(954) 718-0803

Daytime Phone #

CR2E034 (11/00)