

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 037 ***150.00

DOCUMENT # P97000085995

1. Entity Name **IMEX TRANSNATIONAL CORPORATION**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6412 N. University Drive

3. Mailing Address
SAME

Suite, Apt. #, etc.
Suite 115

Suite, Apt. #, etc.

City & State
Tamarac, FL

City & State

Zip
33321

Country
USA

Zip

Country

4. FEI Number

59-3474863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **WLMCS Registered Agents, Inc.**

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

80 SW 8th Street, Suite 3100

City **Miami,**

FL

Zip Code
33130

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD Adnan Jamei 11460 NW 56th Drive #109 Coral Springs, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William Arenas 1970 NW 171st AVE Pembroke Pines, FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Adnan Jamei**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/02 (954) 718-0803

Daytime Phone