2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008736

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90055 003 ***150.00

A0059204

DO NOT WRITE IN THIS SPACE

1. Entity Name
CIMTREX & CO., INCORPORATED

Principal Place of Business	Mailing Address
5200 Blue Lagoon Drive Suite 700 Miami, FL 33126	5200 Blue Lagoon Drive Suite 700 Miami, FL 33126

2. Principal Place of Business	3. Mailing Address
283 Catalonia Avenue	283 Catalonia Avenue
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Coral Gables, FL 33134	City & State Coral Gables, FL 33134
Zip: 33134 / Country: U.S.A.	Zip: 33134 / Country: U.S.A.

4. FEI Number: 65-0813428 — Applied For / Not Applicable

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
Miami Corporate Systems, Inc. 5200 Blue Lagoon Drive Suite 700 Miami, FL 33126	Name: Miami Corporate Systems, Inc. Street Address (P.O. Box Number is Not Acceptable): 283 Catalonia Avenue, 2nd Floor City: Coral Gables FL Zip Code: 33134

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: Asis U.P. 4/18/01
Signature, typed or printed name of reg. 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, 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: D ☐ Delete NAME: Kling, Reinhard G. STREET ADDRESS: 5200 Blue Lagoon Drive Suite 700 CITY-ST-ZIP: Miami, FL 33126	TITLE: D ☒ Change ☐ Addition NAME: Kling, Reinhard G. STREET ADDRESS: 283 Catalonia Avenue, 2nd Floor CITY-ST-ZIP: Coral Gables, FL 33134
TITLE: D ☐ Delete NAME: Kling, Roberto STREET ADDRESS: 5200 Blue Lagoon Drive Suite 700 CITY-ST-ZIP: Miami, FL 33126	TITLE: D ☒ Change ☐ Addition NAME: Kling, Roberto STREET ADDRESS: 283 Catalonia Avenue, 2nd Floor CITY-ST-ZIP: Coral Gables, FL 33134
TITLE: D ☐ Delete NAME: Kling, Alfred STREET ADDRESS: 5200 Blue Lagoon Drive Suite 700 CITY-ST-ZIP: Miami, FL 33126	TITLE: D ☒ Change ☐ Addition NAME: Kling, Alfred STREET ADDRESS: 283 Catalonia Avenue, 2nd Floor CITY-ST-ZIP: Coral Gables, FL 33134
TITLE: D ☐ Delete NAME: Kling, Ricardo STREET ADDRESS: 5200 Blue Lagoon Drive Suite 700 CITY-ST-ZIP: Miami, FL 33126	TITLE: D ☒ Change ☐ Addition NAME: Kling, Ricardo STREET ADDRESS: 283 Catalonia Avenue, 2nd Floor CITY-ST-ZIP: Coral Gables, FL 33134
TITLE: D ☐ Delete NAME: Kling, Tila STREET ADDRESS: 5200 Blue Lagoon Drive Suite 700 CITY-ST-ZIP: Miami, FL 33126	TITLE: D ☒ Change ☐ Addition NAME: Kling, Tila STREET ADDRESS: 283 Catalonia Avenue, 2nd Floor CITY-ST-ZIP: Coral Gables, FL 33134
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E034 (11/00)

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: DIRECTOR APR. 18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #