

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000000736**

1. Entity Name
CIMTREX & CO., INCORPORATED

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90055 003 ***150.00

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

Mailing Address
5200 Blue Lagoon Drive
Suite 700
Miami, FL 33126

A0059204

2. Principal Place of Business
283 Catalonia Avenue
Suite, Apt. #, etc.
2nd Floor

3. Mailing Address
283 Catalonia Avenue
Suite, Apt. #, etc.
2nd Floor

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL 33134

City & State
Coral Gables, FL 33134

4. FEI Number
65-0813428

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
33134

Country
U.S.A.

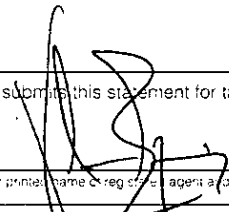
Zip
33134

Country
U.S.A.

6. Name and Address of Current Registered Agent
Miami Corporate Systems, Inc.
5200 Blue Lagoon Drive Suite 700
Miami, FL 33126

7. Name and Address of New Registered Agent
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

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  **Assis U.P.** **4/18/01**

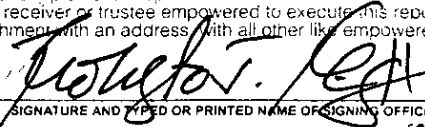
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	Kling, Reinhard G.	NAME	Kling, Reinhard G.
STREET ADDRESS	5200 Blue Lagoon Drive Suite 700	STREET ADDRESS	283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	Kling, Roberto	NAME	Kling, Roberto
STREET ADDRESS	5200 Blue Lagoon Drive Suite 700	STREET ADDRESS	283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	Kling, Alfred	NAME	Kling, Alfred
STREET ADDRESS	5200 Blue Lagoon Drive Suite 700	STREET ADDRESS	283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	Kling, Ricardo	NAME	Kling, Ricardo
STREET ADDRESS	5200 Blue Lagoon Drive Suite 700	STREET ADDRESS	283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	Kling, Tila	NAME	Kling, Tila
STREET ADDRESS	5200 Blue Lagoon Drive Suite 700	STREET ADDRESS	283 Catalonia Avenue, 2nd Floor
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #

CR2E034 (11/00)