2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P98000009136

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

A0059204

DO NOT WRITE IN THIS SPACE

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

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