

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044373

1. Entity Name

IMPEX INTERNATIONAL IMPORT/EXPORT CORPORATION

Principal Place of Business

Mailing Address

7380 150TH CT. N.
PALM BEACH GARDENS FL 33418

121189 US HWY 1
ST 49-105
N PALM BEACH FL 33408
US

2. Principal Place of Business

3. Mailing Address

7380 150th Ct. N.

7380 150th Ct. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, Fl.

City & State

Palm Beach Gardens, Fl.

Zip

Country

33418

U.S.A.

Zip

Country

33418

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMEZANI, HOMAYOUN
2635 LOWSON BLVD. SUITE #B
DELRAY BEACH FL 33445

Name

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

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 Homayoun Ramezani P/s H. Ramezani
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1-14-00
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, 2000 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 PS
NAME RAMEZANI, HOMAYOUN
STREET ADDRESS 2635 LOUISON BLVD ST B
CITY-ST-ZIP DELRAY BCH FL 33445 ☒ Delete

TITLE PS
NAME Homayoun Ramezani
STREET ADDRESS 2635 Lowson Blvd. St-B
CITY-ST-ZIP Delray Bch, Fl. 33445 ☒ Change ☐ Addition

TITLE VT
NAME KONCE, KATHLEEN
STREET ADDRESS 7380 150TH CT N
CITY-ST-ZIP PALM BCH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: H. Ramezani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 (561) 748-4981
Date Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90019 001 ***150.00

01-28-2000 90019 002 *****8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0840996

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

CR2F034 (9/99)