

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000074729**

1. Entity Name

IMPEX ASSOCIATES, INC.**FILED**
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90131 005 ***150.00

C0007996

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

12350 S.W. 132ND COURT
SUITE 209
FL 3318612350 S.W. 132ND COURT
SUITE 209
MIAMI FL 33186-6458

2. Principal Place of Business

3. Mailing Address

825 Brickell Bay Dr. P.O. Box 770487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1042

City & State
Miami FLCity & State
Miami, FL

4. FEI Number 65-0859141

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33177

U.S.A.

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

DIAZ, GERARDO A
12350 S.W. 132ND COURT
SUITE 209
MIAMI FL 33186

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

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)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	DIAZ, GERARDO A	6881 BAY DRIVE #5	MIAMI BEACH FL 33141						
	S	ENDTER, NIDIA M	14000 SW 156 TERR	MIAMI FL 33177						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-2000-3053780221

Date

Daytime Phone #

CR2E034 (9/99)