

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90159 014 \*\*\*158.75

0215632

**DOCUMENT # P98000074729**

1. Entity Name

**IMPEX ASSOCIATES, INC.**

Principal Place of Business

**825 BRICKELL BAY DR  
SUITE 1042  
MIAMI FL 33131**

Mailing Address

**P. O. BOX 770487  
MIAMI FL 33177**

2. Principal Place of Business

**9600 N.W. 25 Street**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**2A**

Suite, Apt. #, etc.

City & State

**MIAMI**

City & State

4. FEI Number

**65-0859141**

Applied For

Not Applicable

Zip

**FL.**

Country

**FLA**

Zip

**33172**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **DIAZ, GERARDO A**

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

**6881 BAY DRIVE #5**

City **MIAMI BEACH**

**FL**

Zip Code

**33142**

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, 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

TITLE **D**  
NAME **DIAZ, GERARDO A** ☐ Delete  
STREET ADDRESS **6881 BAY DRIVE #5**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **S** ☒ Delete  
NAME **ENDTER, NIDIA M**  
STREET ADDRESS **14000 SW 156 TERR**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S/T** ☐ Change ☒ Addition  
NAME **Diane Sugimoto**  
STREET ADDRESS **13120 SW 107 St**  
CITY-ST-ZIP **MIAMI, FL 33186**

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

TITLE **Chairman/President** ☒ Change ☐ Addition  
NAME **Diaz, Gerardo A**  
STREET ADDRESS **6881 Bay Drive #5**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

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

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

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

**1-15-2001**

Date

**786-331-9333**

Daytime Phone #

CR2E034 (10/00)