

AMENDED
'02 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P98000074729

1. Entity Name

IMDEX ASSOCIATES, INC.

FILED

02 MAR -4 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9600 N.W. 25th Street

3. Mailing Address

9600 N.W. 25th Street

Suite, Apt. #, etc.

2A

Suite, Apt. #, etc.

2A

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0859141

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Diaz, Gerardo A.

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

One Tequesta Point

888 Brickell Bay Drive, Apt 1610

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 CP
NAME Diaz, Gerardo A.
STREET ADDRESS One Tequesta Point, 888 Bricke
CITY-ST-ZIP Apt 1610, Miami, FL 33131

TITLE
NAME
STREET ADDRESS 800005181018--4
CITY-ST-ZIP -04/02/02--01004--006
*****61.25 *****61.25

TITLE ST
NAME Rama Vyasulu
STREET ADDRESS 9936 Costa del Sol Blvd.
CITY-ST-ZIP Miami, FL 33178

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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 on an attachment with an address, with all officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)