

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90062 014 \*\*\*150.00

**DOCUMENT # P98000076959**

1. Entity Name

**IMPOEX BUSINESS CORP.**

Principal Place of Business

Mailing Address

12850 WEST STATE ROAD 84  
/ HOLLYLINE  
DAVIE FL 33325POST OFFICE BOX 550945  
FORT LAUDERDALE FL 33355-0945

2. Principal Place of Business

**16282 CAYUGA CIR**

3. Mailing Address

**16282 CAYUGA CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**DAVIE, FL.**

City &amp; State

**DAVIE, FL**

4. FEI Number

**65-0862646**

Applied For

Not Applicable

Zip

Country

**33331****BROWARD**

Zip

Country

**33331****BROWARD**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

**DANNENBERG, RONALDO**  
**12850 WEST STATE ROAD 84**  
**7 HOLLYLINE**  
**DAVIE FL 33325**

Name

**RINCON, CESAR A**

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

**16282 CAYUGA CIR**

City

**DAVIE****FL**

Zip Code

**33331**

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.

**PRESIDENT****APRIL 20/2000**

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 **PD** ☐ Delete  
NAME **RICON, CESAR A**  
STREET ADDRESS **12850 WEST STATE ROAD 84**  
CITY-ST-ZIP **DAVIE FL 33325**TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **RINCON, CESAR A**  
STREET ADDRESS **16282 CAYUGA CIR**  
CITY-ST-ZIP **DAVIE, FL. 33331**TITLE **PD** ☒ Delete  
NAME **DANNENBERG, RONALDO T**  
STREET ADDRESS **12850 WEST STATE ROAD 84**  
CITY-ST-ZIP **DAVIE FL 33325**TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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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****APRIL 20/2000**

Date

**305 270 6855**

Daytime Phone #

CR2E034 (9/99)