

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081773

1. Entity Name

IMEXPRO CORPORATION

Principal Place of Business

1440 J.F. KENNEDY CAUSEWAY #405
NORTH BAY VILLAGE FL 33141

Mailing Address

1440 J.F. KENNEDY CAUSEWAY #405
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

7946 East Drive

3. Mailing Address

7946 East Drive

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0865910

Applied For

Not Applicable

Zip

33141

Country

US

Zip

33141

Country

US

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

LIBERATORE, MICHAEL J
801 BRICKELL AVE, 9TH FLOOR
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME STEFANELLI, WALTER V
STREET ADDRESS 1410 S OCEAN DR, APT 202
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE D ☒ Change ☐ Addition
NAME Stefanelli, Walter V.
STREET ADDRESS 7946 East Drive # 202
CITY-ST-ZIP Miami Beach, FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Fazio, Prisco Humberto
STREET ADDRESS 7946 East Drive # 202
CITY-ST-ZIP Miami Beach, FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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

Prisco H. Fazio 4/4/01 (305) 867-4111

Date

Daytime Phone #

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90173 043 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)