

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90037 007 ***150.00

DOCUMENT # P99000035180

1. Entity Name
UNIMEX TRADING, INC.

Principal Place of Business Mailing Address
 17001 N.W. 17TH STREET 17001 N.W. 17TH STREET
 PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33027-3720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3951 S.W. 147th AVE. **3951 S.W. 147th AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MIRAMAR - FLORIDA		City & State MIRAMAR - FLORIDA		4. FEI Number 59-3550752	Applied For <input type="checkbox"/> Not Applicable
Zip 33027	Country U.S.A.	Zip 33027	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
THIJS, ANKIE A
17001 N.W. 17TH STREET
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent
 Name **THIJS, ANKIE A.**
 Street Address (P.O. Box Number is Not Acceptable)
3951 S.W. 147th AVENUE
 City **MIRAMAR** FL Zip Code **33027**

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 *Ankie Thijs* DATE 1-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE THIJS, ANKIE A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THIJS, ANKIE A		NAME	
STREET ADDRESS 17001 N.W. 17TH STREET		STREET ADDRESS 3951 S.W. 147th AVENUE	
CITY-ST-ZIP PEMBROKE PINES FL 33028		CITY-ST-ZIP MIRAMAR, FLORIDA 33027	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Ankie Thijs* DATE 1-4-00 Daytime Phone # 954-450-5736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)