May 13, 2000 8:00 am
Secretary of State
05-13-2000 90048 017 ***150.00

APR-28-00 10:25 PM

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043040

1. Entity Name

FRIMAX CORP

656675

Principal Place of Business
2170 W 8TH AVE
HIALEAH FL 33010

Mailing Address
2170 W 8TH AVE
HIALEAH FL 33010-2015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip
Country

4. FEI Number 65-0984475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTESANO, AIDA
2170 W 8TH AVE
HIALEAH FL 33010

7. Name and Address of New Registered Agent
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 Rafael E. de los Rios DATE 4-28-00

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

TITLE	D	☐ Delete
NAME	CASTILLA, RAFAEL E	
STREET ADDRESS	MANGA CARRERA 18 24-24 APTO 501	
CITY-ST-ZIP	EDIFICO GIRONZA CARTAENA COL	
TITLE	D	☐ Delete
NAME	CASTILLA, GABRIEL E	
STREET ADDRESS	CRESPO CL 87 R-57 APTO 206	
CITY-ST-ZIP	EDIFICO GIRONZA CARTAENA COL	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: Rafael E. de los Rios 4-28-00
SIGNATURE OF OFFICER OR DIRECTOR Date Daytime Phone #