

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058107

1. Entity Name

IMEXPHARMA INTERNATIONAL CORP.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90373 021 ***150.00

Principal Place of Business

13499 BISCAYNE BLVD
107
NORTH MIAMI FL 33181
US

Mailing Address

13499 BISCAYNE BLVD
107
NORTH MIAMI FL 33181
US

2. Principal Place of Business

3. Mailing Address

21 East Sunrise Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL GABLES, FL

4. FEI Number 65-0929559

Applied For
Not Applicable

Zip

Country

Zip 33133

Country USA

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

MACDANIEL, JOHN M ESQ.
TWO SOUTH BOSCAWNE BOULEVARD
ONE BISCAYNE TOWER, SUITE 2975
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 P ☐ Delete
NAME BALAVOINE, PHILLIPE
STREET ADDRESS CARRERA 44 #20-73
CITY-ST-ZIP DE BOGOTA, COLUMBIA SANT-A FE

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

TITLE VP ☐ Delete
NAME BALAVOINE, CHRISTINE
STREET ADDRESS 4201 COLLINS AVE APT #2203
CITY-ST-ZIP MIAMI FL 33140

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

TITLE S ☐ Delete
NAME BALAVOINE, DIANE
STREET ADDRESS 19720 EAST COUNTRY CLUB DR
CITY-ST-ZIP AVENTURA FL 33180

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

TITLE T ☐ Delete
NAME BALAVOINE, JEAN
STREET ADDRESS CARRERA 44#20-73
CITY-ST-ZIP DE BOGOTA, COLUMBIA SANT-A FE

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

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
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

JEAN BALAVOINE

May/7/01 305 6625895

Date

Daytime Phone #

CR2E034 (10/00)