

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **385428**

1. Entity Name **IMPEX INTERNATIONAL BROKERAGE, INC.**

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

03-14-2000 90057 016 ***150.00

Principal Place of Business Mailing Address
8460 N.W. 30th TERRACE
MIAMI, FLORIDA 33122

021035

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1356635** Applied For Not Applicable

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

ALBERTO DEL CERRO
9891 S.W. 28th STREET
MIAMI, FLORIDA 33165

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 _____ (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, 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
NAME	DEL CERRO, ALBERTO	
STREET ADDRESS	9891 S.W. 28th STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARGARITA DEL CERRO	
STREET ADDRESS	10015 S.W. 2 TERRACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33165	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUAN A. DEL CERRO	
STREET ADDRESS	10834 S.W. 26th TERRACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alberto Del Cerro* **ALBERTO DEL CERRO, PD** **305-592-1055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034 (9/99)