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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M27028

1. Entity Name

IMAGE EQUITIES, INC.

FILED Jan 25, 2000 8:00 am Secretary of State

}				14: .	01-2	:5-2000 90099	004 ***1	50.00		
Principal Plac	e of Business	Mailing Address								
C/O ALAN E. GREENFIELD 9150 S.W. 87TH AVE. S-205 MIAMI FL 33176		C/O ALAN E. GREENFIELD 9150 S.W. 87TH AVE. S-205 MIAMI FL 33176-2313		-	יבדוסמחודי					
2. Principal Place of Business		3. Mailing Address		_						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	: IN THIS SPA	ACE		
City & State		City & State		4. F	59-2663104			Applied For Not Applied		
Zip	Country		Country	5. (Certificate of S	Status Desired		3.75 Add e Required		
	6. Name and Address of Current I	Registered Agent	-	7. N	lame and Ad	dress of New Re	gistered Age	ent ===		
			Name							
9150	ENSTEIN, STEWART A. D SW 87TH AVE STE 205		Street Addre	ess (P.O. B	ox Number is	Not Acceptable)				
MIAI	MI FL 33176		City					Zip Code		
<u> </u>		·					FL			
8. The above	named entity submits this statement for	the purpose of changing its req	gistered office or regi	istered age	ent, or both, i	n the State of Flori	da.			
SIGNATURE .	anginature, typed or printed name of registered agent a	STeux nd title if applicable. (NOTE: Re	agistered Agent signature red		Steen	<u></u>	DATE	18/00		
L.		THE NOWIN			1					
9. This corpo	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 2000	FEE IS \$150.00 Fee will be \$550.0	00		on Campaign Fina			0 мау Ве	
	ria on back)	Make Check Payable			Trust F	fund Contribution.		Added	to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CH	ANGES TO OFFIC	ERS AND D	RECTORS	3 IN 11	
TITLE	P	☐ Delete	TITLE					Change	Addition	
NAME	GREENSTEIN, STEWART		NAME							
STREET ADDRESS	9150 S.W. 87TH AVE. #205		STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP							
TITLE	V DALII	☐ Delete	TITLE] Change	Addition	
NAME	SKORIC, PAUL		NAME							
STREET ADDRESS CITY-ST-ZIP	9150 S.W. 87TH AVE. #205 MIAMI FL		STREET ADDRESS CITY-ST-ZIP							
	V	——————————————————————————————————————						7.01		
TITLE NAME	MACBROOM, CLIFFORD	☐ Delete	TITLE NAME			-	L	Change	Addition Addition	
STREET ADDRESS	9150 S.W. 87TH AVE. #205		STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	-] Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP .			CITY-ST-ZIP	_ -						
TITLE		🗀 Delete .	TITLE] Change	☐ Additior	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE	 	□ Delete	TITLE					Change	Addition	
NAME	\$	LI DEIERE	NAME				_	7 Outside		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	_			_			
13. I hereby o	certify that the information supplied with	this filing does not qualify for the	e exemption stated in	n Section 1	19.07(3)(i), F	lorida Statutes. I f	urther certify	that the in	formation	

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 AND TYPED OR PUNTED WITH DESCRIPTION OF FICER OR DIRECTOR

305-595-1518