

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90064 015 ***150.00

DOCUMENT # M27028

1. Entity Name

IMAGE EQUITIES, INC.

Principal Place of Business

C/O ALAN E. GREENFIELD
9150 S.W. 87TH AVE. S-205
MIAMI FL 33176

Mailing Address

C/O ALAN E. GREENFIELD
9150 S.W. 87TH AVE. S-205
MIAMI FL 33176

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 59-2663104

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

GREENSTEIN, STEWART A.
9150 SW 87TH AVE STE 205
MIAMI FL 33176

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

Stewart A. Greenstein (President)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/01

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	<input type="checkbox"/> Delete
NAME	GREENSTEIN, STEWART	
STREET ADDRESS	9150 S.W. 87TH AVE. #205	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKORIC, PAUL	
STREET ADDRESS	9150 S.W. 87TH AVE. #205	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MACBROOM, CLIFFORD	
STREET ADDRESS	9150 S.W. 87TH AVE. #205	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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:

Stewart A. Greenstein (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Date

305-595-1518

Daytime Phone #

CR2E034 (10/00)