2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90192 008 ***150.00

0103961

DOCUMENT # P00000047506

1. Entity Name
ILME, INC.

Principal Place of Business	Mailing Address
2450 HOLLYWOOD BLVD., #401 HOLLYWOOD FL 33020	2450 HOLLYWOOD BLVD., #401 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5225 Collins Ave	5225 Collins Ave
Suite, Apt. #, etc. #1514	Suite, Apt. #, etc. #1514
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33140 Country	Zip 33140 Country

4. FEI Number ☐ 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
FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD., #401 HOLLYWOOD FL 33020	Name Isuac Ursztein Street Address (P.O. Box Number is Not Acceptable) 5225 Collins Ave. #1514 City Miami Beach FL Zip Code 33140

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]
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 NAME STREET ADDRESS CITY-ST-ZIP	D FEDER, LAWRENCE H 2450 HOLLYWOOD BLVD., #401 HOLLYWOOD FL 33020	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Isuac Ursztein	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 2/5/01 (305)865-6500 xt1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #