

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047506

1. Entity Name  
ILME, INC.



FILED

03 JUL 28 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5225 COLLINS AVENUE  
# 1514  
MIAMI, FL 33140

Mailing Address  
5225 COLLINS AVENUE  
# 1514  
MIAMI, FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

URSSTEIN, ISAAC  
6226 COLLINS AVENUE  
# 1614  
MIAMI, FL 33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when resigning)

DATE

After May 1, 2003, the fee for filing this report is \$5.00. If the filer is a corporation, the fee is \$5.00. If the filer is a partnership, the fee is \$5.00. If the filer is a limited liability company, the fee is \$5.00. If the filer is a sole proprietorship, the fee is \$5.00. If the filer is a single-member limited liability company, the fee is \$5.00. If the filer is a multi-member limited liability company, the fee is \$5.00. If the filer is a partnership, the fee is \$5.00. If the filer is a limited liability company, the fee is \$5.00. If the filer is a sole proprietorship, the fee is \$5.00. If the filer is a single-member limited liability company, the fee is \$5.00. If the filer is a multi-member limited liability company, the fee is \$5.00.

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
URSSTEIN, ISAAC  
6226 COLLINS AVENUE, #1614  
MIAMI BEACH, FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000021834160  
07/28/03--01030--003 \*\*550.00

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

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

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

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

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

12. 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 10 or Block 11 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

Date

Overtime Phone #

CP2E034 (10/02)

7/2/25