2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 08:00 AM
Secretary of State

DOCUMENT # **P93000006579**

1. Entity Name
IMAGE DEPOT, INC.

Principal Place of Business	Mailing Address
1301 W COPANS RD G-6 POMPANO BCH FL 33064 US	1301 W COPANS RD G-6 POMPANO BCH FL 33064 US

2. Principal Place of Business	3. Mailing Address
5101 N.W. 10TH TERRACE	5101 N.W. 10TH TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE FL
Zip: 33309 Country: US	Zip: 33309 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0383390** ☐ 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
TIBURZI MICHAEL 1301 W. COPANS ROAD, STE.G6 POMPANO BEACH FL 33064 US	Name: TIBURZI MICHAEL PRESIDE Street Address (P.O. Box Number is Not Acceptable): 5101 N.W. 10TH TERRACE City: FORT LAUDERDALE FL Zip Code: 33309

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 **MICHAEL TIBURZI** **04/21/2000**
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D STIENBERG JEFF 2763 NOB HILL ROAD SUNRISE FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIBURZI CONNIE 5291 LIETNER DR W CORAL SPRINGS FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASSETT MISSY 1301 W COPANS ROAD, SUITE G-6 POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASSETT MISSY 10077 N.W. 20TH STREET CORAL SPRINGS FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASSET TOM 1301 W COPANS ROAD, STE. G-6 POMPANO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASSET TOM 10077 N.W. 20TH STREET CORAL SPRINGS FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIBURZI MICHAEL 5291 LIETNER DR W FT LAUDERDALE FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: michael tiburzi pres 04/21/2000