

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 251215**1. Entity Name  
**IMPERIAL PHOTOENGRAVING, INC.**

Principal Place of Business 108 S W 21ST STREET  FORT LAUDERDALE FL 33315	Mailing Address 108 S W 21ST STREET  FORT LAUDERDALE FL 33315
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
**59-0946090**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****RUETH, JESSE**  
**108 S W 21 ST****FORT LAUDERDALE FL 33315****7. Name and Address of New Registered Agent**

Name

**RUETH, JIM**

Street Address (P.O. Box Number is Not Acceptable)

**108 S W 21 ST**

City

**FORT LAUDERDALE****FL**Zip Code  
**33315**

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 **JIM RUETH****04/29/2001**

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	D	<input type="checkbox"/> Delete
NAME	<b>RUETH, ANN</b>	
STREET ADDRESS	<b>108 SW 21ST</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUETH JESSE LVP</b>	
STREET ADDRESS	<b>108 SW 21ST</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>	

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>RUETH JAMES D</b>	
STREET ADDRESS	<b>18530 NW 9TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUETH DONNA CSEC/TRE</b>	
STREET ADDRESS	<b>18530 NW 9TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>RUETH, JESSE</b>	
STREET ADDRESS	<b>108 SW 21ST</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33315</b>	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUETH JIM DPRES.</b>	
STREET ADDRESS	<b>18530 NW 9TH ST</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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: JIM RUETH****PRES****04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)