

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90052 013 ***150.00

DOCUMENT # 581807

1. Entity Name
INTERNATIONAL MARKETING CONCEPTS, INC.



Principal Place of Business

**3300 NE 191 STREET
#1505
AVENTURA FL 33180
US**

Mailing Address

**3300 NE 191 ST
#1505
AVENTURA FL 33180
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**7951 S.W. 6 STREET
Suite, Apt. #, etc.
#216**

3. Mailing Address

**7951 S.W. 6 STREET
Suite, Apt. #, etc.
#216**

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

59-1856311

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GROSSMAN, JOEL
3300 NE 191 ST
STE #1505
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

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

7951 S.W. 6 STREET #216

City

PLANTATION

FL

Zip Code

33324

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
GROSSMAN, JOEL
3300 NE 191 ST #1505
AVENTURA FL 33180-2446**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**7951 S.W. 6 STREET #216
PLANTATION FL 33324**

☐ Change ☐ Addition

TITLE
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☐ 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 JOEL GROSSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 03

Date

954-370-5958

Daytime Phone #

CR2E034 (10/02)