

2002 UNIFORM BUSINESS REPORT (UBR)

0019898 AB

DOCUMENT # **A29309**

1. Entity Name

IMAGES-DEL AMERICAN, LTD.

FILED
02 APR 29 PM 6:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**201 E. OGDEN AVE #26
HINSDALE IL 60521**

Mailing Address

**201 E. OGDEN AVE #26
HINSDALE IL 60521**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2979012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, MICHAEL J.
HONIGMAN MILLER SCHWARTZ AND COHN
111 NORTH ORANGE AVENUE, SUITE 2050
ORLANDO FL 32801**

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,100,000

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P28424**
NAME **PC IMAGES, INC.**
STREET ADDRESS **525 W. MONROE ST., #1**
CITY-ST-ZIP **CHICAGO IL 60606-3693**

STREET ADDRESS

CITY-ST-ZIP

BK

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
HOWARD W. EDISON
PRESIDENT OF GENERAL PARTNER

4/23/02 630-325-540

CR2E003 (9/01)