

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93597 024 ***550.00

DOCUMENT # F000000005266

1. Entity Name

Immedient 1, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4582 S. Ulster St. Pkwy
Suite, Apt. #, etc. 200

3. Mailing Address

4582 S. Ulster St. Pkwy
Suite, Apt. #, etc. 200

DO NOT WRITE IN THIS SPACE

City & State

Denver, CO

City & State

Denver, CO

4. FEI Number

84-1185624

Applied For

Not Applicable

Zip 80237

Country USA

Zip 80237

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Krawitz, Keith

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

5817 N. Andrews Way

City Ft. 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

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Jim Al Kire
STREET ADDRESS 4582 S. Ulster St. Pkwy, #200
CITY- ST- ZIP Denver, CO 80237

TITLE Vice President
NAME Andrew Reiben
STREET ADDRESS 4582 S. Ulster St. Pkwy, #200
CITY- ST- ZIP Denver, CO 80237

TITLE Secretary
NAME Joseph Kelly
STREET ADDRESS 4582 S. Ulster St. Pkwy, #200
CITY- ST- ZIP Denver, CO 80237

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Reiben

5/8/02

303-967-0474

Date

Daytime Phone #

CR2E034B (12/01)