

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004995

1. Entity Name

IMAGING INTERNATIONAL INCORPORATED

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90231 034 ***150.00

Principal Place of Business

Mailing Address

2855 S. CONGRESS AVE.
DELRAY BEACH FL 33445

2855 S. CONGRESS AVE.
DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

407 West Newport Center Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

City & State

Deerfield Beach

Same

Zip
33442

Country
USA

Zip

Country

4. FEI Number 65-0505594

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

RANDAZZO, JEFF
2855 S. CONGRESS AVE.
DELRAY BEACH FL 33445

Name

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

1407 West Newport Center Dr
Deerfield Beach FL 33442

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) ☐

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 PD
NAME RANDAZZO, JEFFREY A
STREET ADDRESS 2855 S. CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 1407 W. Newport Center Dr
STREET ADDRESS Deerfield Beach FL 33442
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff Randazzo 4-18-01 725-5855 (454)

CR2E034 (10/00)