## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F98000002033

IMI OF NORTH MIAMI BEACH, INC.

Principal Place of Business

Mailing Address

3396 WILLOW LANE SUITE 200

WESTLAKE VILLAGE CA 91361

3396 WILLOW LANE SUITE 200

WESTLAKE VILLAGE CA 91361-4960

## **FILED** Feb 25, 2000 8:00 am Secretary of State

02-25-2000 90014 028 \*\*\*150.00

2. Principal Place of Business			3. Mailing Address								
Suite, Apt, #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE		
City & State			City & State			<b>4.</b> F	NOT APPLIC	ABLE	· -	pplied For ot Applicable	7
Zip	Country	Zip Country		try	5. Certificate of Status Desired			\$9.75 Additional			
	6. Name and Address	of Current Re	gistered Agent			7. 3	Name and Address of New Re	istered A	gent		]
بد	-		<u> </u>		Name						
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Coo	de	
8. The above	named entity submits this s	tatement for th	ne purpose of changing its	s registere	ed office or regi	istered ag	ent, or both, in the State of Flori	da			
											1
SIGNATURE .	Signature, typed or printed name of re	egistered agent and	title if applicable. (NOT	ΓΕ: Registere	1 Agent signature rec	quired when re	einstating)	DATE	<del></del> .	<del></del>	
Tax filing r	pration is eligible to satisfy it requirement and elects to de ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St				10. Election Campaign Fina Trust Fund Contribution.	ncing		OO May Be d to Fees		
11.	OFFI	CERS AND DI		12.	•		DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 11	1
TITLE	CD	··· <u>·</u>	☐ Delete	TITLE					☐ Change	☐ Addition	Ş
NAME	FU, MONTY			NAM	<b>E</b>						15
STREET ADDRESS	6464 CANOGA AVE.				ET ADDRESS						8
CITY-ST-ZIP	WOODLAND HILLS CA	91367			-ST-ZIP				Channe	- Addition	4 5
TITLE	D   Funari, Robert		☐ Delete	TITLE					☐ Change	Addition	1,
NAME STREET ADDRESS	6464 CANOGA AVE.				ET ADDRESS						
CITY-ST-ZIP	WOODLAND HILLS CA	91367			-ST-ZIP						
TITLE	D		☐ De¹ete	TITLE					☐ Change	Addition	1
NAME .	BAGERDJIAN, HAIG			NAM	E						
STREET ADDRESS	6464 CANOGA AVE.			- 8	ET ADDRESS						
CITY-ST-ZIP	WOODLAND HILLS CA	<u> 91367</u>		_	-ST-ZIP					d custo	1
TITLE	P DAVID I		☐ Delete	TITLS NAM					☐ Change	Addition	
NAME STREET ADDRESS	WARD, DAVID L   3396 WILLOW LANE /	¥E2ND			ET ADDRESS		# 200				
CITY-ST-ZIP	WESTLAKE VILLAGE			1	-ST-ZIP		<i>γ,</i>				1
TITLE	TV		☐ Delete	TITLE					☐ Change	Addition	1
NAME	MARTEL, ROCHELLE			NAM	Ε					•	
STREET ADDRESS	3396 WILLOW LANE,			ET ADDRESS		# 200					
CITY-ST-ZIP	WESTLAKE VILLAGE (	CA 91361			-ST-ZIP					Act.	-
TITLE	S DAIDIANN MANNE		☐ Delete	, TITLE NAM					Change	Addition	
NAME STREET ADDRESS	BALDWIN, WAYNE 3396 WILLOW LANE,	F200			ET ADDRESS		# 200				
CITY-ST-ZIP	WESTLAKE VILLAGE	CA 91361			ST-ZIP		·,				
	I LICAIDANE LICENAE	77 3 100 1									→

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