

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002037

1. Entity Name

IMI OF PINE ISLAND, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90081 003 ***150.00

Principal Place of Business

3396 WILLOW LANE
SUITE 200
WESTLAKE VILLAGE CA 91361

Mailing Address

3396 WILLOW LANE
SUITE 200
WESTLAKE VILLAGE CA 91361

A0039948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6464 CANOGA AVENUE
Suite, Apt. #, etc.

3. Mailing Address

6464 CANOGA AVENUE
Suite, Apt. #, etc.

CITY & STATE
WOODLAND HILLS CA

91367

Country

CITY & STATE
WOODLAND HILLS, CA

91367

Country

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FU, MONTY 6464 CANOGA AVE. WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNARI, ROBERT 6464 CANOGA AVE. WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGERDJIAN, HAIG 6464 CANOGA AVE. WOODLAND HILLS CA 91367	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, DAVID 3396 WILLOW LANE WESTLAKE VILLAGE CA 91361	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV MARTEL, ROCHELLE J 3396 WILLOW LANE WESTLAKE VILLAGE CA 91361	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALDWIN, WAYNE 3396 WILLOW LANE WESTLAKE VILLAGE CA 91361	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary John S. Baumann 6464 Canoga Avenue Woodland Hills, CA 91367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Mark N. Delevie 6464 Canoga Avenue Woodland Hills, CA 91367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #

CR2E034 (10/00)