

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90127 034 ***150.00

DOCUMENT # G21485

1. Entity Name
**INTERNATIONAL MANAGEMENT AND CONSULTING (U.S.A.)
 , INC.**

Principal Place of Business 6380 MARBELLA BLVD APOLLO BCH FL 33572	Mailing Address 6380 MARBELLA BLVD APOLLO BCH FL 33572
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P. O. Box 3238	3. Mailing Address P. O. Box 3238
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Apollo Beach, FL	City & State Apollo Beach, FL
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4. FEI Number 59-2251932	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33572	Country USA	Zip 33572	Country USA
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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

**SOLLNER, RICHARD H.
 SUITE 2700
 101 EAST KENNEDY BLVD.
 TAMPA FL 33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT MAHAYNI, ZAKI 6380 MARBELLA BLVD APOLLO BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAF, KLAUS PASSAVANTSTRASSE 22 6000 FRANFURT GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLLNER, RICHARD H. 2700 BARNETT PLAZA TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 REQUIRED **April 16, 2002** **813/645-0203**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)