## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # L69389** 1. Entity Name FLORIDA I.M.A., INC. 05-03-2001 90933 039 \*\*\*150.00 Principal Place of Business Mailing Address 3805 SW 8TH ST 3805 SW 8TH ST MIAMI FL 33134 MIAMI FL 33134 **346061** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0131970 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILARINO, MANUEL I. Street Address (P.O. Box Number is Not Acceptable) 3805 SW 8TH ST **MIAMI FL 33134** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP TITLE ☐ Change ☐ Addition Delete VILARINO, MANUEL I NAME NAME STREET ADDRESS 3805 SW 8TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Secretary. TITLE ☐ Delete TITLE Change ☐ Addition VILARINO, ANA ELENA UNARIÃO NAME E(enA NAME 3805 SW 8TH ST. 3805 SW BST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL CITY-ST-2(P orac 6, 6, 5 CC 33134 ☐ Delete TITLE Vice - President ( Director) Change Addition BOS SH BET. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL Gables, FL 33134 Treasurar / Director TITLE ☐ Delete TITLE Addition □ Change Annia E. Vilaziño NAME NAME SW & ST. STREET ADDRESS STREET ADDRESS 380≤ CITY-ST-ZIP CITY-ST-7IP Cocac Gables TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appearance with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4/26

(305)448-5662

☐ Change

☐ Addition

Daytime Phone #