

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88585

1. Entity Name
THE CAPTURED IMAGE, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90159 046 ***150.00

Principal Place of Business

611 E DANIA BELT BLVD
DANIA FL 33004
US

Mailing Address

611 E DANIA BELT BLVD
DANIA FL 33004
US

00038371



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

611 E. Dania Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

611 E. Dania Beach Blvd.
Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

4. FEI Number 65-0213582

Applied For

Not Applicable

Zip

Country

33004

US

Zip

Country

33004

US

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

KOVNER, ROBERT
611 E DANIA BELT BLVD
DANIA FL 33004

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

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

TITLE PV ☐ Delete
NAME KOVNER, ROBERT
STREET ADDRESS 611 E DANIA BEACH BLVD
CITY-ST-ZIP DANIA FL

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

TITLE ST ☐ Delete
NAME KOVNER, PATRICIA
STREET ADDRESS 611 E DANIA BEACH BLVD
CITY-ST-ZIP DANIA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

Patricia Kovner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)