

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000003579

1. Entity Name  
IMS COMPANIES LLC

Principal Place of Business  
4854 S.W. 72ND AVENUE  
MIAMI FL 33155

Mailing Address  
4854 S.W. 72ND AVENUE  
MIAMI FL 33155

FILED  
01 MAR 15 PM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FL 32310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0930786

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RJVF CORPORATE SERVICES, INC. .  
C/O STEEL, HECTOR & DAVIS  
200 SO. BISCAYNE BLVD., SUITE 4000  
MIAMI FL 33131

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR BOTERO, HECTOR ☐ Delete  
STREET ADDRESS 4854 S.W. 72ND AVENUE  
CITY-ST-ZIP MIAMI FL 33155

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

TITLE NAME MGR BODNER, STANLEY J ☐ Delete  
STREET ADDRESS 300-71ST STREET, SUITE 612  
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE NAME MGRM LUBETKIN, MARIO ☐ Delete  
STREET ADDRESS CALLE JUAN CARLOS GOMEZ #1445  
CITY-ST-ZIP MONTEVIDEO URUGUAY 11000

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

3/12/01

305

662 7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)