

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006106 AF

DOCUMENT # L99000004548

1. Entity Name
IMTC ENTERPRISES, LLC

Principal Place of Business
3910 RCA BLVD., SUITE 1011
PALM BECH GARDENS FL 33410

Mailing Address
3910 RCA BLVD., SUITE 1011
PALM BECH GARDENS FL 33410-4284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MMW

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0936474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLIGAN, ALPHONSO S
3910 RCA BLVD., SUITE 1011
PALM BECH GARDENS FL 33410

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
STREET ADDRESS
CITY-ST-ZIP

MGRM
BILLS, JOHN C
3910 RCA BLVD., SUITE 1011
PALM BECH GARDENS FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BABB, WAYNE H
3910 RCA BLVD., SUITE 1011
PALM BECH GARDENS FL 33410

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200003224202--4
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MILLIGAN, ALPHONSO S
3910 RCA BLVD., SUITE 1011
PALM BECH GARDENS FL 33410

☐ Delete

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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: *Alphonso S. Milligan* MANAGING MEMBER 18 JAN 00 561.627.4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)