

2001 UNIFORM BUSINESS REPORT (UBR)

0013866 AF

DOCUMENT # L99000004548

1. Entity Name

IMTC ENTERPRISES, LLC

FILED

01 APR -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4600 EAST PARK DR

3. Mailing Address

4600 EAST PARK DR

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4600 EAST PARK DR #201

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

TITLE NAME
MGRM BILLS, JOHN C
STREET ADDRESS 3910 RCA BLVD., SUITE 1011
CITY-ST-ZIP PALM BECH GARDENS FL 33410 ☐ Delete

TITLE NAME
MGRM BABB, WAYNE H
STREET ADDRESS 3910 RCA BLVD., SUITE 1011
CITY-ST-ZIP PALM BECH GARDENS FL 33410 ☐ Delete

TITLE NAME
MGRM MILLIGAN, ALPHONSO S
STREET ADDRESS 3910 RCA BLVD., SUITE 1011
CITY-ST-ZIP PALM BECH GARDENS FL 33410 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS 4600 EAST PARK DR, #201
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS 4600 EAST PARK DR, #201
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS 4600 EAST PARK DR, #201
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)