

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90348 038 ****50.00

DOCUMENT # L99000004548

1. Entity Name

IMTC ENTERPRISES, LLC

Principal Place of Business

**4600 EAST PARK DR., STE 201
 PALM BECH GARDENS FL 33410**

Mailing Address

**4600 EAST PARK DR., STE 201
 PALM BECH GARDENS FL 33410**

2. Principal Place of Business

3950 RCA Blvd

Suite, Apt. #, etc.

5000

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Address

3950 RCA Blvd

Suite, Apt. #, etc.

5000

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA



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

**MILLIGAN, ALPHONSO S
 4600 EAST PARK DR., #201
 PALM BECH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

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

3950 RCA Blvd #5000

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **BILLS, JOHN C**
 CITY-ST-ZIP **4600 EAST PARK DR., #201
 PALM BECH GARDENS FL 33410**

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **BABB, WAYNE H**
 CITY-ST-ZIP **4600 EAST PARK DR., #201
 PALM BECH GARDENS FL 33410**

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **MILLIGAN, ALPHONSO S**
 CITY-ST-ZIP **4600 EAST PARK DR., #201
 PALM BECH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3950 RCA Blvd. # 5000**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3950 RCA Blvd # 5000**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3950 RCA Blvd # 5000**
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TITLE ☐ Change ☐ Addition
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-4-02 561 627 4000

CR2E083 (9/01)