

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90013 033 ***158.75

DOCUMENT # L99549

1. Entity Name
IMAGE MARKETING AND SYSTEM CORP.



Principal Place of Business
1851 NW 68 AVENUE
SUITE 223
MIAMI FL 33122
US

Mailing Address
2121 PONCE DE LEON BLVD
#240
CORAL GABLES FL 33134
US

2. Principal Place of Business

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

240

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33134

Country

USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

65-0223044

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRATS, GABRIEL CPA

2121 PONCE DE LEON BLVD

#240

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SALAZAR, ALFREDO**
STREET ADDRESS **2121 PONCE DE LEON BLVD #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Delete
NAME **SALAZAR, ALFREDO**
STREET ADDRESS **2121 PONCE DE LEON BLVD #240**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ALFREDO SALAZAR

Date

Daytime Phone #

305-444-8333

CR2E034 (10/02)