

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003705

1. Entity Name

IMMERSE YOURSELF IN CELEBRATION, INC.

FILED

May 02, 2002 8:00 am
Secretary of State

05-02-2002 90095 007 ****61.25

Principal Place of Business

1500 NORTH FEDERAL HIGHWAY, SUITE 200
FORT LAUDERDALE FL 33304

Mailing Address

1500 N. FED. HWY
STE 200
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0932211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNING, JON M ESQ.
MASTRIANA & CHRISTIANSEN, P.A.
1500 N. FEDERAL HWY., STE. 200
FORT LAUDERDALE FL 33304

Name

F. Ronald Mastriana, Esq.

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

1500 N. Fed. Hwy, suite 200
Fort. Lauderdale FL 33304

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KENNY, MICHAEL F
STREET ADDRESS 1850 ELLER DR., STE. 303
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE D
NAME NERENHAUSEN, MARK
STREET ADDRESS 201 S.W. 5TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☒ Delete

TITLE D
NAME BECKER, JANYCE
STREET ADDRESS 1601 E. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE TD
NAME HARLEMAN, KATHLEEN
STREET ADDRESS ONE E. LAS OLAS BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☒ Delete

TITLE SD
NAME BAGLIEBTER, TOBIE E
STREET ADDRESS 2455 HOLLYWOOD BLVD., STE. 114
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Tess Phyllis
STREET ADDRESS 1601 E Hillsboro Blvd
CITY-ST-ZIP Deerfield Beach FL 33441 ☐ 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

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

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an address with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)