

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91341 020 \*\*\*150.00

00054281

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> 000000000782 <b>1. Entity Name</b> IMAGE WORK ENTERPRISES, CORP.			
<b>Principal Place of Business</b> 10281 E BAY HARBOR DR SUITE 3D MIAMI FL 33154		<b>Mailing Address</b> SAME	
<b>2. Principal Place of Business</b> SAME		<b>3. Mailing Address</b> SAME	
<b>Suite, Apt. #, etc.</b> City & State		<b>Suite, Apt. #, etc.</b> City & State	
<b>Zip</b> Country		<b>Zip</b> Country	
<b>4. FEI Number</b> 65 0972829		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> DIEGO NOVARIN 10281 E BAY HARBOR DR SUITE 3D MIAMI 33154		<b>7. Name and Address of New Registered Agent</b> Name: CRISTAL MIRCEA Street Address (P.O. Box Number is Not Acceptable): 10281 E BAY HARBOR DR City: N MIAMI FL Zip Code: 33154	
<b>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.</b> SIGNATURE: <i>CRISTAL MIRCEA</i> c (NOTE: Registered Agent signature required when reinstating) DATE: 04-20-01			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PRESIDENT <b>NAME</b> DIEGO NOVARIN <b>STREET ADDRESS</b> 10281 E BAY HARBOR DR <b>CITY-ST-ZIP</b> SUITE 3D MIAMI FL 33154	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT <b>NAME</b> CRISTAL MIRCEA <b>STREET ADDRESS</b> 10281 E BAY HARBOR DR SUITE 3D <b>CITY-ST-ZIP</b> N MIAMI FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VICE PRESIDENT <b>NAME</b> CRISTAL MIRCEA <b>STREET ADDRESS</b> 10281 E BAY HARBOR DR SUITE 3D <b>CITY-ST-ZIP</b> N MIAMI FL 33154	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TREASURER <b>NAME</b> ARTEMIO E NOVARIN <b>STREET ADDRESS</b> 10281 E BAY HARBOR DR SUITE 3D <b>CITY-ST-ZIP</b> N MIAMI FL 33154	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *CRISTAL MIRCEA* 04-20-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #