

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039480

1. Entity Name

PURE IMAGE, INC.

FILED
Jun 26, 2001 8:00 am
Secretary of State

04-26-2001 90291 037 ***150.00

8815



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
2221 NW 101ST TERR. PEMBROKE PINES FL 33026		2221 NW 101ST TERR. PEMBROKE PINES FL 33026	
2. Principal Place of Business 2221 NW 101 st Terrace		3. Mailing Address 2221 NW 101 st Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33026	Country USA	Zip 33026	Country USA

4. FEI Number 65-1019720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERMAN, JEFFREY M.
 1601 N. FLAMINGO RD., STE. 2
 PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name HERMAN, JEFFREY M.
 Street Address (P.O. Box Number is Not Acceptable)
 17701 BISCAYNE BLVD.
 Suite 200
 City Aventura, FL Zip Code 33160

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]* DATE 6-21-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

*** FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCORN, ALONA 2221 NW 101ST TERR. PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLIDGE, JAMES C. 2221 NW 101ST TERR. PEMBROKE PINES FL 33026 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALCORN, ALONA K. 2331 NW 33 rd ST., #310 FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLIDGE, JAMES L. 2331 NW 33 rd ST., #310 Ft. Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Alona K. Alcorn* 6-21-01 954-484-2832
 4-18-01 305-931-4374 x516

Attachment

8815

P00000039480

ALONA K ALCORN 2221 Nw 101st Terrace Pembroke Pines, FL 33026		0287 63-643/670 BRANCH 05560	
DATE 4-18-01		DOLLARS \$150.00	
PAY TO THE ORDER OF DEPT. OF STATE		Benefit Banking®	
One Hundred Fifty and 00/100		First Union National Bank R/T 067006432	
FOR Pure Image, Inc. Fee		Alona K Alcorn	
:067006432:1010023874859: 0287		MAR 2001	