

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045978

1. Entity Name

MIRROR IMAGE SOLUTIONS OF SOUTH FLORIDA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90251 038 ***150.00

Principal Place of Business

200 GLADES ROAD - SUITE 1A
BOCA RATON FL 33432

Mailing Address

200 GLADES ROAD - SUITE 1A
BOCA RATON FL 33432

2. Principal Place of Business

200 GLADES ROAD

Suite, Apt. #, etc.

SUITE 2

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

U.S.A

3. Mailing Address

200 GLADES ROAD

Suite, Apt. #, etc.

SUITE 2

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1006154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	ROBINS, ALAN J	
STREET ADDRESS	4040 GALT OCEAN DRIVE #816	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARLES, GLENN M DR.	
STREET ADDRESS	5990 NORTHWEST 104TH LANE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, RONALD DR.	
STREET ADDRESS	690 ISLAND WAY #402	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (901)395-5544
Date Daytime Phone #

CR2E034 (10/00)