

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050949

1. Entity Name

INTERNATIONAL MOLDINGS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90140 042 ***150.00

Principal Place of Business

3583 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

Mailing Address

3583 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1010377

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~OPIEGEL & UTRERA, P.A.~~
~~240 ALMERIA AVENUE~~
~~CORAL GABLES FL 33104~~

7. Name and Address of New Registered Agent

Name

DOMINICK J. MARCHESE

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

3583 COCOPLUM CIRCLE

City

COCONUT CREEK

FL

Zip Code

33063

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 PSTD ☐ Delete
NAME MARCHESE, DOMINICK J
STREET ADDRESS 3583 COCOPLUM CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (10/00)

01200/3

80042759



DO NOT WRITE IN THIS SPACE

65-1010377

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Date

Daytime Phone #

CR2E034 (10/00)

01200/3