

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061399

1. Entity Name

INTERNATIONAL MARKETING OF MIAMI, INC.

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

04-27-2001 90331 041 ***150.00

Principal Place of Business

6341 SW 39TH STREET
MIAMI FL 33155

Mailing Address

6341 SW 39TH STREET
MIAMI FL 33155

2. Principal Place of Business

15311 SW 52 TER

Suite, Apt. #, etc.

3. Mailing Address

15311 SW 52 TER

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33185

Country

USA

City & State

MIAMI FLORIDA

Zip

33185

Country

USA

4. FEI Number

65-1022685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSALLES, JOSEPHINE
6341 SW 39TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

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

15311 SW 52 TER

City

MIAMI

State

Zip Code

33185

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's signature required when re-registering)

DATE

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

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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 PD
NAME ROSALLES, JOSEPHINE
STREET ADDRESS 6341 SW 39TH STREET
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 15311 SW 52 TER
CITY-ST-ZIP MIAMI, FLORIDA 33185

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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: *X Josephine Rosales*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)