

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087583

1. Entity Name
UNDERSEA IMAGERY, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90068 036 ***150.00

Principal Place of Business

2699 S. BAYSHORE DRIVE
SUITE 500
MIAMI FL 33133

Mailing Address

2699 S. BAYSHORE DRIVE
SUITE 500
MIAMI FL 33133

1505 SW 4th Circle, Boca Raton, FL 33486

2. Principal Place of Business

101 North Riverside Dr
Suite 1128
Pompano Beach FL

3. Mailing Address

101 North Riverside Dr
Suite 1128
Pompano Beach FL

City & State
Pompano Beach FL

City & State
Pompano Beach FL

Zip
33062

Zip
33062

Country
USA

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1040090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, JESSE T
2699 S. BAYSHORE DRIVE
SUITE 500
MIAMI FL 33133

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 Cheryl Resnick

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PEARLMAN, DAVID**
CITY-ST-ZIP **2699 S. BAYSHORE DRIVE**
MIAMI FL 33133

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **David Pearlman**
CITY-ST-ZIP **1505 SW 4th Circle**
Boca Raton, FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Cheryl Resnick**
CITY-ST-ZIP **1505 SW 4th Circle**
Boca Raton, FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Cheryl Resnick
CHERYL RESNICK

Date

Daytime Phone #

4/12/01 (561)
416-1370

CR2E034 (10/00)