

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90256 035 ***150.00

DOCUMENT # P00000098274

1. Entity Name
ILLUSION THEORY CORP.

Principal Place of Business
14030 BISCAYNE BLVD STE 1008
NORTH MIAMI FL 33181

Mailing Address
14030 BISCAYNE BLVD STE 1008
NORTH MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Illusion Theory Corp.
 Suite, Apt. #, etc.
8000 Biscayne blvd.
 City & State
Miami, FL

3. Mailing Address
8000 Biscayne blvd.
 Suite, Apt. #, etc.
Miami, FL 33138
 City & State

4. FEI Number
65-1058585
 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	
WERMUTHLAW P.A. 8300 NW 53 STREET STE 300 MIAMI FL 33166		Name Wermuth Law P.A. Street Address (P.O. Box Number is Not Acceptable) 8300 NW. 53 STREET STE 300 City Miami FL Zip Code 33166	

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 _____ (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. ☐ **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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAHARAJ, SHIVA			NAME			
STREET ADDRESS	14030 BISCAYNE BLVD STE 1008			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33181			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONESA, RAYMOND			NAME			
STREET ADDRESS	14030 BISCAYNE BLVD STE 1008			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33181			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Raymond Conesa **Raymond Conesa** **4-18-2001** **305.401.4691**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)