

FILED
Jul 06, 2001 8:00 am
Secretary of State

05-16-2001 90058 025 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099836

1. Entity Name

IMAGOS MARKETING AND ADVERTISING INC.

Principal Place of Business

9955 N. KENDALL DR.
MIAMI FL 33126

Mailing Address

9955 N. KENDALL DR.
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

PEREZ-GURRI, KATHY
9955 N. KENDALL DR.
MIAMI FL 33126

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Kathy Perez Gurri
9955 N Kendall
Miami FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment 9452

#P00000099836

July 2, 2001

Internal Revenue Service
Atlanta Georgia

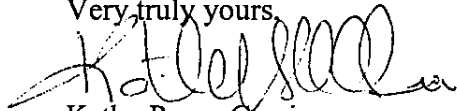
RE: Tax ID Number for Imagos Marketing and Advertising, Inc.
SECOND REQUEST

To Whom It May Concern:

This is our second request for a federal id number for the above subject corporation. We opened this company in the latter part of 2000. It does not have any employees and it has not generated any income, however the Florida Department of State does not allow us to file our annual report with the Division of Corporation until we receive this number from you. We are faxing this request which I understand should expedite the matter and we should receive a response via fax from you in the next seven days. Our fax number is (305)5962484 and our phone number is (305) 596 2228.

Thank you for your attention in this matter.

Very truly yours,



Kathy Perez-Gurri

President

Imagos Marketing and Advertising.

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>Imagos Marketing And Advertising, Inc.</u>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <u>9955 N Kendall # 100</u>	
	5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code <u>Miami FL 33176</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>DADE, FLORIDA</u>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ <u>Kathy Perez-Guzar</u> <u>403-15-3000</u>		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶ <u>SUBCHAPTER S</u>
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Other (specify) ▶
<input type="checkbox"/> Other (specify) ▶	(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <u>FLORIDA</u>	Foreign country
---	----------------------	-----------------

9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Advertising</u>	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) <u>November 2000</u>	11 Closing month of accounting year (see instructions) <u>December 31</u>
--	--

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ <u>none paid yet</u>
--

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶	Nonagricultural	Agricultural	Household
	<u>0</u>	<u>0</u>	<u>0</u>

14 Principal activity (see instructions) ▶ <u>Advertising Placement</u>

15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed
Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ <u>Imagos Marketing & Advertising Inc</u> <u>Kathy Perez-Guzar, President</u>	Business telephone number (include area code) <u>(305) 596 2248</u>
	Fax telephone number (include area code) <u>(305) 596 2484</u>

Signature ▶ <u>[Signature]</u>	Date ▶ <u>7/2/01</u>
--------------------------------	----------------------

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------