

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90213 019 ***150.00

DOCUMENT # P00000102725

1. Entity Name
CONFIDENTIAL IMAGING ARCHIVERS, INC.



Principal Place of Business
**12715 SW 44 TERR
MIAMI FL 33175**

Mailing Address
**PO BOX 160722
MIAMI FL 33146**

2. Principal Place of Business

3. Mailing Address
2313 NW 186TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PEMBROKE PINES

Zip

Country

Zip
33029

Country
BROWARD

4. FEI Number
65-1053678

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KADE, PAUL M
9300 SOUTH DADELAND BLVD STE 408
MIAMI FL 33156**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ESQUENAZI, ISRAEL**
STREET ADDRESS **PO BOX 160722**
CITY-ST-ZIP **MIAMI FL 33118-0722**

TITLE **D** ☒ Change ☐ Addition
NAME **ESQUENAZI, ISRAEL**
STREET ADDRESS **2313 NW 186 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete
NAME **PEREZ, JAY**
STREET ADDRESS **12715 S.W. 44 TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ISRAEL ESQUENAZI** 1/22/03 305 6134015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)