

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PQ0000109255

1. Entity Name

INDEPENDANT MOBILITY SERVICES INC

Principal Place of Business

Mailing Address

6328 N.W. 175 Terrace
Miami Fl 33015

6328 N.W. 175 Terrace
Miami Fl 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SAME AS ABOVE

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1059049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0054984

6. Name and Address of Current Registered Agent

Daniel A Modas
Prof Financial Acct Inc
1215 SE 2 Ave # 202 PO BOX 21723
Ft. Lauderdale Fl 33335

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.

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	Richard Friedman President 6328 NW 175 Terrace Miami Fl 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

Richard Friedman

4-17-01

(786)942-8786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)