

AMENDED REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115511

1. Entity Name

INTERNATIONAL MONITORING, INC.



FILED

03 JUN -6 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800021279932
07/02/03--01071--034 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6990 S.W. 8TH STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

SAME

4. FEI Number

651063013

Applied For

Not Applicable

Zip

33144

Country

Zip

SAME

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVID SHOPAY

Street Address (P.O. Box Number is Not Acceptable)

10145 N.W. 19TH STREET

City MIAMI

FL

Zip Code
33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-4-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
David Shopay
10145 N.W. 19th Street, Miami, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-03

Date

Daytime Phone #

CR2E034B (12/02)