

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90447 018 \*\*\*158.75

**DOCUMENT #** P01000005458

**1. Entity Name**

MARISOL MATA IMAGE MANAGEMENT, INC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2920 SW 27 AVE

**3. Mailing Address**

2920 SW 27 AVE

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

5

**City & State**

Miami, Florida

**City & State**

Miami, Florida

**4. FEI Number**

65-1067293

**Applied For**

**Not Applicable**

**Zip**

33133

**Country**

**Zip**

33133

**Country**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** VALLE MATA, SOL DEL

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

2920 SW 27 AVE Suite 5

**City** Miami

**FL**

**Zip Code** 33133

**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)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

D

MATA MARISOL

2920 SW 27 AVE Suite 5

Miami, FL 33133

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)