

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91880 001 *1,200.00

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1. Entity Name
IMAGINATION INVESTMENT CORPORATION



Principal Place of Business
**C/O NICOLE HUESMANN
3001 S W 3RD AVENUE
MIAMI FL 33129**

Mailing Address
**C/O NICOLE HUESMANN
3001 S W 3RD AVENUE
MIAMI FL 33129**

2. Principal Place of Business
150 Alhambra Circle

3. Mailing Address **c/o Nicole J. Huesmann, P.A.**
150 Alhambra Circle

Suite, Apt. #, etc.
Suite 1150

Suite, Apt. #, etc.
Suite 1150

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1100182**

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

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

**HUESMANN, NICOLE J
3001 S W 3RD AVENUE
MIAMI FL 33129**

Name
Huesmann, Nicole J.

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

Suite 1150

City
Coral Gables

FL

Zip Code **33134**

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

Nicole J. Huesmann **Nicole J. Huesmann** **4/15/03**

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

(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

TITLE **D** ☐ Delete
NAME **TSENG, MEI NA**
STREET ADDRESS **3001 SW 3RD AVE 3901**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Tseng, Mei Na**
STREET ADDRESS **150 Alhambra Circle, Suite 1150**
CITY-ST-ZIP **Coral Gables, Florida 33134**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE R. MEI NA TSENG, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #