

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91136 009 ***158.75

DOCUMENT # P01000026908

1. Entity Name

IMLA, INC.

Principal Place of Business

TWO SOUTH BISCAYNE BOULEVARD
 ONE BISCAYNE TOWER, SUITE 2975
 MIAMI FL 33131

Mailing Address

TWO SOUTH BISCAYNE BOULEVARD
 ONE BISCAYNE TOWER, SUITE 2975
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8430 N.W. 68 Street

Suite, Apt. #, etc.

5

City & State
 Miami, FL

Zip
 33166

Country
 USA

3. Mailing Address

8430 N.W. 68 Street

Suite, Apt. #, etc.

5

City & State
 Miami, FL

Zip
 33166

Country
 USA

4. FEI Number 65-1088017

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MACDANIEL, JOHN M ESQ.
 TWO SOUTH BISCAYNE BOULEVARD
 ONE BISCAYNE TOWER, SUITE 2975
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Manuel Mate

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

8430 N.W. 68 Street Suite # 5

City

Miami

FL

Zip Code

33166

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, 2002 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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME P
 STREET ADDRESS Manuel Mate
 CITY-ST-ZIP 3250 S. Ocean Blvd. Apt. 508 N
 Palm Beach, FL 33480

TITLE ☐ Change ☒ Addition
 NAME V
 STREET ADDRESS Jose Miguel Mate
 CITY-ST-ZIP Fermin Caballero 54
 Madrid - SPAIN

TITLE ☐ Change ☒ Addition
 NAME S
 STREET ADDRESS Andres Franco
 CITY-ST-ZIP 8430 N.W. 68 street Suite # 5
 Miami, FL 33166

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

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

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

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:

SIGNATURE REQUIRED

April 18, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)