

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-21-2002 91152 015 ***150.00

DOCUMENT # P01000030243

1. Entity Name
3D INMAGINATION INC.

Principal Place of Business

1335 W. 49 PL., #409-A
 HIALEAH FL 33012

Mailing Address

1335 W. 49 PL., #409-A
 HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17096 Collins Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-409

City & State

Sunny Isles Beach, FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33160

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

RUA, MANUEL

1335 W. 49 PL., #409-A

HIALEAH FL 33012

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RUA, MANUEL
 CITY-ST-ZIP 1335 W. 49 PL., #409-A
 HIALEAH FL 33012

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS MANUEL RUA
 CITY-ST-ZIP 17096 Collins Ave. D-409
 Sunny Isles Beach, FL 33160

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RUA, MAXIMA
 CITY-ST-ZIP 4423 NW 203 TERRACE
 MIAMI FL 33055

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

TITLE ☐ Delete
 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)