

FILED
May 01, 2002 8:00 am
Secretary of State

03-25-2002 90064 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043560

1. Entity Name

ILMER SERVICES CORP.

Principal Place of Business

17011 NORTH BAY ROAD #707
 NORTH MIAMI BEACH FL 33160

Mailing Address

17011 NORTH BAY ROAD #707
 NORTH MIAMI BEACH FL 33160

27083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

253 SW 4TH ST
 Suite, Apt. #, etc.

3. Mailing Address

253 SW 4TH ST
 Suite, Apt. #, etc.

City & State

DANIA BEACH FL

City & State

DANIA BEACH FL

4. FEI Number

65-1098428

Applied For

Not Applicable

Zip

33004

Country

Zip

33004

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONCAREVIC, IGOR

17011 NORTH BAY ROAD #707
 NORTH MIAMI BEACH FL 33160

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

TITLE PD
 NAME LONCAREVIC, IGOR
 STREET ADDRESS 17011 NORTH BAY ROAD #707
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE VD
 NAME RODRIGUEZ, MARIA E
 STREET ADDRESS 17011 NORTH BAY ROAD #707
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

3-4-02

Date

Daytime Phone #

954 920-467