

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90046 038 ***150.00

DOCUMENT # P01000045504

1. Entity Name
IMAGE POINTE UNLIMITED, INC.

Principal Place of Business

1931 SW 148TH WAY
MIRAMAR FL 33027

Mailing Address

1931 SW 148TH WAY
MIRAMAR FL 33027

2. Principal Place of Business

1931 SW 148th Way

Suite, Apt. #, etc.
N/A

City & State
Miramar, FL

Zip Country
33027 USA

3. Mailing Address

1931 SW 148th Way

Suite, Apt. #, etc.
N/A

City & State
Miramar, FL

Zip Country
33027 33027

4. FEI Number

65-1103748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

STEPHENS, DOREEN P
1931 SW 148TH WAY
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name
Kendrick G. Whittle, Esq.

Street Address (P.O. Box Number is Not Acceptable)
19 West Flager Street
Suite 605

City **Miami** **FL** Zip Code **33130**

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
President
 NAME **Doreen Stephens**
 STREET ADDRESS **1931 SW 148th Way**
 CITY-ST-ZIP **Miramar, Florida 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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 #

04/26/02 (954) 649-0592

CR2E034 (9/01)