

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **001000046073**

1. Entity Name

IMAGECOM CARIBBEAN CORP.



FILED

03 APR 18 PM 3:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4970 SW 72 AVE

3. Mailing Address

4970 SW 72 AVE

DO NOT WRITE IN THIS SPACE

0203

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

#108

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

65-1100899

Applied For

Not Applicable

Zip

33155

Country

Zip

33155

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **FERNANDEZ, ELIZABETH J.**

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

645 ALCAZAR AVE.

City **CORAL GABLES**

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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

Elizabeth J. Fernandez

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

(NOT Registered Agent signature required when reissuing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR - FERNANDEZ, ELIZABETH J.
645 ALCAZAR AVE
CORAL GABLES - FLORIDA - 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**900016324229
04/18/03--01057--007 **150.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**900016324229
04/18/03--01057--008 **150.00**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth J. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)