

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90127 012 ***150.00

DOCUMENT # P01000083628

1. Entity Name

NEW IMAGE 2001, INC.

Principal Place of Business

Mailing Address

9012 VINEYARD LAKE DRIVE
 PLANTATION FL 33324

9012 VINEYARD LAKE DRIVE
 PLANTATION FL 33324

87840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9012 Vineyard Lake Dr.

9012 Vineyard Lake Dr.

City & State

City & State

PLANTATION FL

PLANTATION FL

4. FEI Number

65/114 9996

Applied For

Not Applicable

Zip

Country

33324 USA

Zip

Country

33324 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

GORSKI, JANET
 9012 VINEYARD LAKE DRIVE
 PLANTATION FL 33324

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: OWNER / PRESIDENT
 NAME: JANET GORSKI
 STREET ADDRESS: 9012 VINEYARD LAKE DR.
 CITY-ST-ZIP: PLANTATION FL 33324

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

TITLE: ☐ Delete
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 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

4/11/02

(954) 452 8105

CR2E034 (9/01)