

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 031 ***150.00

DOCUMENT # P01000100-638

1. Entity Name

IMR DISTRIBUTORS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

455 S. PIPE ISLAND RD

3. Mailing Address

455 S. PIPE ISLAND RD

Suite, Apt. #, etc.

Suite 408

Suite, Apt. #, etc.

Suite 408

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1143826

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRECH, P.A.

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

1840 South West 22 Street, 4th Floor

City

Miami

FL

Zip Code

33145

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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

954 647-4601

Daytime Phone #

CR2E037B (12/01)