

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90069 017 \*\*\*150.00

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**DOCUMENT # P02000018045**

1. Entity Name

IMAGERY PRINT & DESIGN, INC.



Principal Place of Business

1450 MADRUGA AVE., SUITE 203  
CORAL GABLES FL 33146

Mailing Address

1450 MADRUGA AVE., SUITE 203  
CORAL GABLES FL 33146

2. Principal Place of Business

1320 S. Dixie Hwy

3. Mailing Address

1320 S. Dixie Hwy

Suite, Apt. #, etc.

Suite 220

Suite, Apt. #, etc.

Suite 220

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

03-0430471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GOLDMAN, MATT D ESQ.  
1450 MADRUGA AVENUE  
SUITE 203  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name Goldman, Matt D. Esq  
Street Address (P.O. Box Number is Not Acceptable)  
2911 Grand Ave.  
Suite 4B  
City Coconut Grove FL Zip Code 33133

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

*Matt Goldman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, JULIO	
STREET ADDRESS	6541 SW 51 TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDMAN, MATT D	
STREET ADDRESS	1450 MADRUGA AVE. SUITE 203	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, ANGEL	
STREET ADDRESS	11724 SW 116 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Goldman Matt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2911 Grand Ave. Suite 4B	
STREET ADDRESS	Coconut Grove, FL 33133	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

*Matt Goldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/03

Date

305 445 6661

Daytime Phone #

CR2E034 (4/03)