

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

0305997 AV

DOCUMENT # P02000061753

1. Entity Name
IMACRU CORP.



Principal Place of Business
4850 NW 111 CT.
MIAMI FL 33178

Mailing Address
4850 NW 111 CT.
MIAMI FL 33178



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0014837

Applied For

Not Applicable

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

GAMERO, HECTOR H
4850 NW 111 CT.
MIAMI FL 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GAMERO, HECTOR H
4850 NW 111 CT.
MIAMI FL 33178 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 like empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Set. 6 2003

(205) 5927396

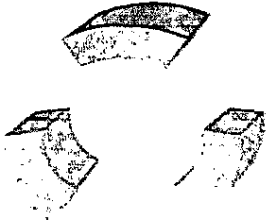
Date

Daytime Phone #

CR2E034 (10/02)

attachment

86147062
#P02000061753



IMACRU CORP

4850 NW 111 CT. Miami, Fl.33178 USA.

PH/Fax: 305 592 7396

imacru@bellsouth.net

Miami September 6th, 2003.

**FLORIDA DEPARTAMENT OF STATE
DIVISION OF CORPORATION**

Ref.: Document # P02000061753
IMACRU CORP.

To Whom It May Concern:

This letter is to inform you because of unfortunately causes against our wishes, we were out of the country and by the time many letters were send on the mail. When we arrived, we found the Uniform Business Report payable by May 1, 2003 in the pile of the mail, not knowing that we have to send the payment. Also, still now no one helps us with the requirements of sending the UBR 2003 until we star translating the form you sent.

Now, we are contracting a professional service that will help us with this type of situation. Therefore, we request you waived the penalty of \$400 for being late and we are sending the payment for the UBR 2003 of \$150 with the requirement updates.

Thanks very much for your attention.

Regards,

Héctor H Gamero
President

3,978,000 (11/15/2003)

1,176,000 (11/15/2003)

1,176,000 (11/15/2003)