

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

012546 AV

DOCUMENT # P02000082164

1. Entity Name
I.M. CONNECTORS, INC.



FILED

03 SEP 15 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7040 MISTLETOE CT.
NEW PORT RICHEY FL 34653

Mailing Address
7040 MISTLETOE CT.
NEW PORT RICHEY FL 34653

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

59-3540911

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

MALAVE, ISAAC
7040 MISTLETOE CT.
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MALAVE, ISAAC
7040 MISTLETOE CT.
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300023269548
09/23/03--01021--005 **150.00 ☐ Change ☐ Addition

TITLE
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/03 (12) 849-8201

CR2E034 (4/03)

Attachment

#P02000082104



To Whom it may concern,

9/7/03

I ask that you please waive the penalty for this. I had a full spine and ankle fusion at end of January 2002. I was unable to work for four months and as a result did not receive business matters for my small company. Thank you for your consideration. Please call if any questions.

Sincerely,

Isaac Melane - Pres.
ISAAC MA/AVE - Pres