

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000131847	
1. Entity Name I.M.C. PROPERTY MANAGEMENT AND MAINTENANCE, INC.	

Principal Place of Business 1420 BISCAYA DRIVE SURFSIDE, FL 33154	Mailing Address 1420 BISCAYA DRIVE SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2072013	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBERT A. BRANDT, P.A.
1110 BRICKELL AVENUE
PH-1
MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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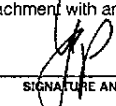
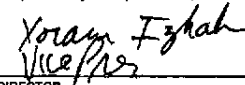
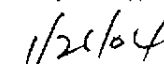
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABRERIZO, TOMAS 11000 NW 92 TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV IZHAK, YORAM 1420 BISCAYA DRIVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MALLER, ERIC 1420 BISCAYA DRIVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/04-80034-003 150.00

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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 _____ Date _____ Daytime Phone # _____