

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90168 005 ***150.00

DOCUMENT # 903-67080

1. Entity Name

IMS NETWORK GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7401 N.W. 68 St

Suite, Apt. #, etc.

A-5

3. Mailing Address

P.O. Box 524403

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

37-1468963

Applied For

Not Applicable

Zip

33166

Country

Dade

Zip

33152

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

54053096

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jeffrey Gonzalez

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

7401 N.W. 68 St

A-5

City

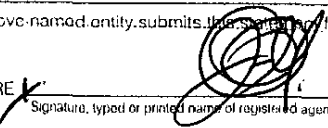
MIAMI

FL

Zip Code

33166

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME Jeffrey Gonzalez
STREET ADDRESS P.O. Box 524403
CITY-STATE-ZIP MIAMI, Florida 33152

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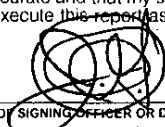
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Gonzalez 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04

Date

305-490-3307

Daytime Phone #