

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90309 012 ***158.75

DOCUMENT # P03000078772

1. Entity Name

IMAGEN & MODA U.S.A. CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9401 S.W. 4th Street

Suite, Apt. #, etc.

Apartment #309

City & State

Miami Florida

Zip

33174

Country

U.S.A.

3. Mailing Address

9401 S.W. 4th Street

Suite, Apt. #, etc.

Apartment #309

City & State

Miami Florida

Zip

33174

Country

U.S.A.

4. FEI Number

65-1196855

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **5. Certificate of Status Desired**

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ADRIANA DEL PILAR YEPES

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

9401 S.W. 4th Street Apartment #309

City

Miami

FL

Zip Code

33174

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP YEPES, ADRIANA DEL PILAR 9401 S.W. 4th St. Apt.309 Miami Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2004 (305) 221-9363

Date

Daytime Phone #

CR2E034B (12/01)