

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002127

1. Entity Name  
**IMAGERY STUDIOS, INC.**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90080 023 \*\*\*150.00

Principal Place of Business

Mailing Address

1561 SOUTH CONGRESS AVENUE  
SUITE 210  
DELRAY BEACH FL 33445

1561 SOUTH CONGRESS AVENUE  
SUITE 210  
DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1421 S. Ocean BL. SE 308

1421 S. Ocean BL.

Suite/Apt. #, etc. Suite 308

Suite/Apt. #, etc. 308

City & State Pompano Bch., FL

City & State Pompano Bch., FL

Zip 33062 Country US

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4. FEI Number 65-0371902

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

BERNSTEIN, JOSEPH L  
2400 E. COMMERCIAL BLVD.  
STE 720  
FORT LAUDERDALE FL 33308

change of address:  
506 SE 6th St  
Ft. Laud. FL.  
33316

Name ~~Bernstein, Joseph L~~  
Street Address (P.O. Box Number is Not Acceptable)  
506  
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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME DAVIS, HARRY  
STREET ADDRESS 1561 SOUTH CONGRESS AVE. S-210  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE PSD  
NAME DAVIS, Harry  
STREET ADDRESS 1421 S. Ocean BL. Ste 308  
CITY-ST-ZIP Pompano Bch., FL 33062

TITLE VD  
NAME DAVIS, ANTHONY M  
STREET ADDRESS 31365 COACHLIGHT LANE  
CITY-ST-ZIP BIRMINGHAM MI 48025

TITLE  
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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 Block 12 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

1/22/00 954-545-9990  
Date Daytime Phone #

CS 1 014 1999