

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000069427**1. Entity Name  
**REAL IMAGE CORPORATION****Principal Place of Business**3785 NW 82ND AVENUE  
SUITE 102  
MIAMI  
33166

FL

**Mailing Address**3785 NW 82ND AVENUE  
SUITE 102  
MIAMI  
33166

FL

**2. Principal Place of Business**

541 SLIPPERY ROCK RD

**3. Mailing Address**

541 SLIPPERY ROCK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

WESTON

FL

**City & State**

WESTON

FL

**Zip**

33327

**Country****Zip**

33327

**Country****4. FEI Number****65-0441104****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**DE MARCO ANDRES  
3785 NW 82ND AVENUE  
SUITE 102  
MIAMI  
33166

FL

**7. Name and Address of New Registered Agent****Name**

DE MARCO ANDRES

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

541 SLIPPERY ROCK RD.

City  
WESTON

FL

Zip Code  
33327

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 \_\_\_\_\_ **04/11/2001**

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, 2001 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**TITLE S ☐ Delete  
NAME DE MARCO OLGA J  
STREET ADDRESS 942 FALLING WATER RD  
CITY-ST-ZIP WESTON FLTITLE P ☐ Delete  
NAME DE MARCO ANDRES J  
STREET ADDRESS 942 FALLING WATER RD  
CITY-ST-ZIP WESTON FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE S ☒ Change ☐ Addition  
NAME DE MARCO OLGA L  
STREET ADDRESS 541 SLIPPERY ROCK RD.  
CITY-ST-ZIP WESTON FL 33327TITLE P ☒ Change ☐ Addition  
NAME DE MARCO ANDRES C  
STREET ADDRESS 541 SLIPPERY ROCK RD.  
CITY-ST-ZIP WESTON FL 33327TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Andres De Marco

P

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)