

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90035 040 ***150.00

DOCUMENT # P94000001315

1. Entity Name
IMAGE EXPRESSIONS, INC.

Principal Place of Business
7157 SW 117TH AVE
MIAMI FL 33183

Mailing Address
7157 SW 117TH AVE
MIAMI FL 33183

2. Principal Place of Business
14394 S.W. 98 TER

3. Mailing Address
14394 S.W. 98 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL.

4. FEI Number **65-0458516**

Applied For
 Not Applicable

Zip **33186**

Country

Zip **33186**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTELLS, BEATRIZ
7157 SW 117TH AVE
MIAMI FL 33183

Name

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

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, 2002 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
 NAME **DP CASTELLS, BEATRICE** ☐ Delete
 STREET ADDRESS **7157 SW 117TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE
 NAME **DP CASTELLS, BEATRIZ** ☐ Change ☐ Addition
 STREET ADDRESS **14394 S.W. 98 TER**
 CITY-ST-ZIP **MIAMI FL. 33186**

TITLE
 NAME **DV CASTELLS, ARIEL** ☐ Delete
 STREET ADDRESS **7157 SW 117TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE
 NAME **DV CASTELLS, ARIEL** ☐ Change ☐ Addition
 STREET ADDRESS **14394 S.W. 98 TER.**
 CITY-ST-ZIP **MIAMI FL. 33186**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: Beatriz Castells **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2002 305 385 7883

Date

Daytime Phone #

CR2E034 (9/01)