

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087133

1. Entity Name
IMSKAL INVESTMENTS, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90072 007 ***150.00

Principal Place of Business
**7820 NORTHWEST 14 STREET
PLANTATION FL 33322**

Mailing Address
**7820 NORTHWEST 14 STREET
PLANTATION FL 33322**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Same as ABOVE
Suite, Apt. #, etc.

3. Mailing Address
Same as ABOVE
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0537089**

Applied For
Not Applicable

Zip Country

Zip Country

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

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VTS**
STREET ADDRESS **PERSAUD, YODHIA**
CITY-ST-ZIP **7820 NORTHWEST 14 STREET
PLANTATION FL**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
Date

Daytime Phone #

CR2E034 (10/00)