

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90101 022 ***150.00

DOCUMENT # P94000092099 ✓

1. Entity Name

INDUSTRIAL MARKETING CORPORATION OF FLORIDA, INC

Principal Place of Business

Mailing Address

450 ROYAL PALM WAY 6th Floor
PALM BEACH, FL 33480

1764 NO Congress Ave Ste 200
West Palm Beach, FL 33409

2. Principal Place of Business

450 Royal Palm Way 6th FL

3. Mailing Address

1764 No Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 200

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0548663

Applied For

Not Applicable

Zip

33480

Country

Palm Beach

Zip

33409

Country

Palm Beach

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

Stein, Mimi
1764 NO Congress Ave STE 200
West Palm Beach, FL 33409

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	Holtz, Marjorie S	
STREET ADDRESS	44 Coconut Row	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Jonathan Stoll	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pres./Director	
STREET ADDRESS	2000 S. Dixie Hwy	
CITY-ST-ZIP	W. Palm Beach, FL 33401	
TITLE	Joseph M Fleming	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sect/Director	
STREET ADDRESS	450 Royal Palm Way 6 th Floor	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	Mimi Stein	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer/Director	
STREET ADDRESS	1764 No Congress Ave Ste 200	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH M FLEMING

3/29/01

Date

Daytime Phone #

CR2E034 (11/00)