

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030617

1. Entity Name

IMS INVESTMENTS CORP.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90031 039 ***150.00

Principal Place of Business

2797 SW 34 CT
MIAMI FL 33155

Mailing Address

3125 SW 3RD AVE
SECOND FL
MIAMI FL 33129-2754
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0577805

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

ISREAL SALABARRIA

2797 SW 34TH CT

815 N.W. 57TH AVE #304

MIAMI FL 33126

Name ISRAEL M. Salabarría

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

3125 SW 3rd Ave #2

City Miami

FL

Zip Code 33129

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 P
NAME SALABARRIA, ISRAEL M
STREET ADDRESS 3235 SW 79 CT
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE P
NAME ISRAEL M. Salabarría ☒ Change ☐ Addition
STREET ADDRESS 3125 SW 3 Ave
CITY-ST-ZIP Miami, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00 (305) 854-0026
Date Daytime Phone #