

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000022366**

1. Entity Name

IMAGING PRO LASER, INC.**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90116 006 ***150.00

Principal Place of Business

Imaging Pro Laser, Inc.

Mailing Address

4120 NE 5TH AVE.
OAKLAND PARK FL 33334
US
3000-5 N.W. 25th Ave
OAKLAND PARK FL 33334
US
Pompano Beach, FL 33069

020940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000-5 NW 25 Ave

3. Mailing Address

3000-5 NW 25 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pompano Beach, FL

Pompano Beach, FL

City & State

City & State

4. FEI Number 65-0652213

Applied For

Not Applicable

Zip

Country

33069

US

Zip

Country

33069

US

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

6. Name and Address of Current Registered Agent

SANTOS, SERGIO A
4120 NE 5TH AVE.
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name

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

3000-5 N.W. 25th Ave.

City

Pompano Beach, FL 33069

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

2/5/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SANTOS, SERGIO A	
STREET ADDRESS	6700 WAVERLY LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BROOKE, MARIA D	
STREET ADDRESS	6700 WAVERLY LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

MARIA BROOKE 2/5/01 (954) 977-9393

Date

Daytime Phone #

CR2E034 (10/00)