

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026149

1. Entity Name

IMAGE FIFTH AVENUE INC.

Principal Place of Business

2200 WEST GLADES ROAD
SUITE 309
BOCA RATON FL 33431

Mailing Address

2200 WEST GLADES ROAD
SUITE 309
BOCA RATON FL 33431

2. Principal Place of Business

5295 TOWN CENTER RD.

Suite, Apt. #, etc.

200

City & State

BOCA RATON, FLORIDA

Zip

33486

Country

USA

3. Mailing Address

5295 TOWN CENTER RD.

Suite, Apt. #, etc.

200

City & State

BOCA RATON, FLORIDA

Zip

33486

Country

USA

4. FEI Number 65-0659475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARRY A. ROTHENBERG, P.A.
2424 NORTH FEDERAL HIGHWAY
SUITE 455
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME MOORE, NEIL
STREET ADDRESS 6299 LACOSTA DR, APT A
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete
NAME YEMENIDJIAN, HOSEP
STREET ADDRESS 2135 ROCKLAND ROAD
CITY-ST-ZIP MOUNT ROYAL, QUEBEC, CANADA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

NEIL MOORE NEIL MOORE

1-31-01 561-213-1879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

80060443



DO NOT WRITE IN THIS SPACE

CR2E034 (1/01/01)