

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90080 039 ***150.00

DOCUMENT # P96000026149

1. Entity Name
IMAGE FIFTH AVENUE INC.



Principal Place of Business
**5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486**

Mailing Address
**5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486**

70024511



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0659475**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **MOORE, NEIL**
STREET ADDRESS **9652 VINEYARD CT.**
CITY-ST-ZIP **BOCA RATON, FL 33428**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NEIL MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/03 561-213-1879
Date Daytime Phone #

CR2E034 (10/02)