

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90396 003 ***150.00

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1. Entity Name
IMPERIAL SECURITIES, INC.

Principal Place of Business
**855 NE 125 ST
MIAMI FL 33161**

Mailing Address
**855 NE 125 ST
N MIAMI FL 33161
US**



2. Principal Place of Business
315 NE 154 ST
Suite, Apt. #, etc.

3. Mailing Address
315 NE 154 ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
N. Miami, FL
Zip
33162 Country
USA

City & State
N. Miami, FL
Zip
33162 Country
USA

4. FEI Number **65-0708721**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GUTIERREZ, DAVID
224 POINCIANA ISLAND DR.
N. MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name **David Gutierrez**
Street Address (P.O. Box Number is Not Acceptable)
315 NE 154 ST
City **N. Miami** FL Zip Code **33162**

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

1-21-03

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

TITLE **D** ☐ Delete
NAME **GUTIERREZ, DAVID**
STREET ADDRESS **224 POINCIANA ISLAND DR.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **D** ☐ Delete
NAME **GUTIERREZ, AURIA**
STREET ADDRESS **224 POINCIANA ISLAND DR.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **315 NE 154 ST**
CITY-ST-ZIP **N. Miami, FL 33162**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **315 N.E 154 ST**
CITY-ST-ZIP **N. Miami, FL 33162**

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

305-891-881

Daytime Phone #

CR2E034 (10/02)