

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90026 008 ***150.00

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DOCUMENT # P97000005219

1. Entity Name

IMPERIAL REAL ESTATE INC.

Principal Place of Business

**2238 N. CYPRESS BEND DR., UNIT 701
 POMPANO BEACH FL 33069
 US**

Mailing Address

**2238 N. CYPRESS BEND DR., UNIT 701
 POMPANO BEACH FL 33069
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2187 E. OAKLAND PARK BLVD
 SUITE 304
 FORT LAUDERDALE FL.**

3. Mailing Address

**2238 N. CYPRESS BEND DR.
 SUITE 701
 POMPANO BEACH FL.**

City & State

FL.

City & State

POMPANO BEACH FL.

4. FEI Number

65-0719409

Applied For

Not Applicable

Zip

33306

Country

U.S.A.

Zip

33069

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENARD, GILLES
 2238 N. CYPRESS BEND DR., UNIT 701
 POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **DENYSE MENARD**

Street Address (P.O. Box Number is Not Acceptable) **2238 N. CYPRESS BEND DR. # 701**

POMPANO BEACH.

City

FL

Zip Code

33069

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 **DENYSE MENARD, LIC. REAL ESTATE BROKER.** DATE **02/12/02**

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, 2002 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 **PSD** ☐ Delete
 NAME **MENARD, GILLES**
 STREET ADDRESS **2238 N CYPRESS BEND DR, UNIT 701**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
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 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: **DENYSE MENARD** DATE **02/12/02** DAYTIME PHONE # **(954) 564-8708**

CR2E034 (9/01)