

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027993

1. Entity Name

INTERNATIONAL MARKETING MEDIA & COMMUNICATIONS,

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90052 006 ***150.00

Principal Place of Business

9121 SW 93RD AVE
 MIAMI FL 33176
 US

Mailing Address

9121 SW 93RD AVENUE
 MIAMI FL 33176-2009
 US

2. Principal Place of Business

13332 S.W. 108 St. Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 160082

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

65-0757977

Applied For

Not Applicable

Zip

33184

Country

Miami-Dade

Zip

33114

Country

Miami Dade

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

BLANCO, EDY R
 9121 SW 93RD AVENUE
 MIAMI FL 33176

Name

Edy R. Blanco

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

13332 S.W. 108 St. Circle

City

Miami

FL

Zip Code

33184

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BLANCO, EDY R
 CITY-ST-ZIP 9121 S.W. 93RD AVENUE
 MIAMI FL 33176

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MELENDEZ, ALMA R
 CITY-ST-ZIP 9121 S.W. 93RD AVENUE
 MIAMI FL 33176

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-00 305-461-5660

Date

Daytime Phone #

CR2E034 (9/99)