

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90187 036 ***150.00

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DOCUMENT # P97000049925

1. Entity Name
IMAGEERING, INC.

Principal Place of Business

**12472 SW 26TH STREET
 MIAMI FL 33175**

Mailing Address

**12472 SW 26TH STREET
 MIAMI FL 33175**

2. Principal Place of Business

4390 SW 15 street

3. Mailing Address

4390 SW 15 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33134

Country

Dade

Zip

33134

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUZ, RAMIRO
 12472 SW 26TH STREET
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Cruz, Ramiro**

Street Address (P.O. Box Number is Not Acceptable)
4390 SW 15 street

City **Miami,**

FL

Zip Code **33134**

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

Ramiro Cruz, Ramiro Cruz

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

(NOTE: Registered Agent signature required when reinstating)

3/10/2002

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, 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 **D** ☐ Delete
 NAME **CRUZ, RAMIRO**
 STREET ADDRESS **12472 SW 26TH STREET**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P. President ☒ Change ☐ Addition
 NAME **Cruz, Ramiro**
 STREET ADDRESS **4390 SW 15 street**
 CITY-ST-ZIP **Miami, FL 33134**

T. Treasurer ☐ Change ☒ Addition
 NAME **Iregui-Cruz, Angela**
 STREET ADDRESS **4390 SW 15 street**
 CITY-ST-ZIP **Miami, FL 33134**

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

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:

Ramiro Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2002 (305) 995-2267

Date Daytime Phone #

CR2E034 (9/01)