

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057527

1. Entity Name

IMPERIAL WARE CO., INC.

FILED

00 AUG -2 AM 8:45

Principal Place of Business

13010 SW 133RD COURT, 1ST FL
MIAMI FL 33186

Mailing Address

13010 SW 133RD COURT, 1ST FL
MIAMI FL 33186

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4096971

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALERI, XAVIER
13010 SW 133CT. SUITE 202
MIAMI FL 33186

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 VALERI, XAVIER
STREET ADDRESS 13010 S.W. 133RD COURT
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME 900003384619--8
STREET ADDRESS -09/07/00--01004--010
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME VALERI, ELIZABETH
STREET ADDRESS 13010 S.W. 133RD COURT
CITY-ST-ZIP MIAMI FL 33186

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/2000

Date

(806) 359-9830

Daytime Phone #

CP 100-4 (5/00)

282

IMPERIAL WARE, INC.
13010 S.W. 133 COURT
MIAMI, FLORIDA 33186

July 26, 2000

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs:

In regards to the second notice for the annual corporation report please be advised I was out of the country for most of the 2000 due to the illness of my mother. She was in the hospital, and I am the one who is responsible to take care of her, since I am the only son. While I was attending to my mothers illness, my wife also was hospitalized and at one point I was trying to take care of my mother, my wife and my son, who was only 6 years old.

Please abate the penalties. They are a direct result of the health related problems of my mother and my wife. Their illness made it impossible for me to function in a normal manner while traveling back and forth and to the various hospitals.

Thank you in advance for your understanding in this matter. I would be very appreciated if you could help me as a result of the sickness that was suffered in my family

Very truly yours

Xavier Valeri