

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066691

1. Entity Name
IMG INTERNATIONAL CORPORATION

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90011 012 ***550.00

Principal Place of Business

9050 PINES BLVD SUITE 210
PEMBROKE PINES FL 33024

Mailing Address

9050 PINES BLVD SUITE 210
PEMBROKE PINES FL 33024

2. Principal Place of Business

17831 NW 19th St

3. Mailing Address

17831 NW 19th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number 65-0770948

Applied For

Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

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

6. Name and Address of Current Registered Agent

RABENSEIFNER, HANNA
926 SW 10 AVENUE
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name Rabenseifner, Hanna
Street Address (P.O. Box Number is Not Acceptable)
905 Brickell Bay Drive, Suite 1831
City Miami FL Zip Code 33131

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

TITLE **D** ☐ Delete
NAME **BRUM, ENEAS R**
STREET ADDRESS **9050 PINES BLVD SUITE 210**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete
NAME **LEONARDI, LUIZ**
STREET ADDRESS **9050 PINES BLVD SUITE 210**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete
NAME **COVRE, MARCOS**
STREET ADDRESS **9050 PINES BLVD SUITE 210**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete
NAME **CARVALHAIS, HELDER BICALHO**
STREET ADDRESS **9050 PINES BLVD SUITE 210**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Brum, Eneas R**
STREET ADDRESS **17831 NW 19th St**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☒ Change ☐ Addition
NAME **Leonardi, Luiz**
STREET ADDRESS **17831 NW 19th St**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☒ Change ☐ Addition
NAME **Covre, Marcos**
STREET ADDRESS **17831 NW 19th St**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ☒ Change ☐ Addition
NAME **Carvalhais, Helder Bicalho**
STREET ADDRESS **17831 NW 19th St**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

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:

SIGNATURE RECOVERED RODRIGUES BAVM

Date

Daytime Phone #

08/21/2000 5512346821

CR2E034 (5/00)