

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P00000019234~~ P91000070072

1. Entity Name

~~THOMAS PAGE INC~~

IMMACULA CORPORATION

Principal Place of Business

~~12855 SW 138TH AVE SUITE 213
MIAMI FL 33186~~

3471 SW 145 ST
MIRAMAR, FL 33027

Mailing Address

~~12855 SW 136TH AVE SUITE 213
MIAMI FL 33186~~

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0772018

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BARTHOLY PAUL A
12855 SW 138TH AVE, SUITE 213
MIAMI FL 33186~~

METEZIEU, DIEUDONA
3471 SW 145 ST
MIRAMAR, FL 33027

Name

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

NO CHANGE

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 \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

~~CARDOZA CARLOS
12855 SW 138TH AVE, SUITE 213
MIAMI FL 33186~~

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NO CHANGES

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~THOMAS ARMANDO
12855 SW 138TH AVE, SUITE 213
MIAMI FL 33186~~

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

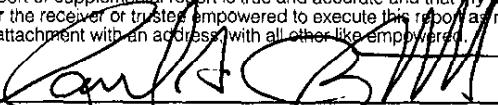
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 empowerments.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

305-378-6608

Date

Daytime Phone #

CR2E034 (10/00)

0234500

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90319 001 ***300.00

72384