

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000073177**

1. Entity Name

**IMEBA CORPORATION****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90273 022 \*\*\*150.00

Principal Place of Business

**1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH FL 33401**

Mailing Address

**1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-1002600**

Applied For

Not Applicable

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****GERSON, GARY N ESQ.  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH FL 33401**

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 \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DPS MERKI, SILVIA STEINENGRABEN 55, 4051 BASEL SWITZERLAND</b>	<input type="checkbox"/>		
<b>DVPT MERKI, ANDREAS STEINENGRABEN 55, CH-4051 BASEL SW</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

**ANDREAS MERKI****04-10-2001**

Date

**(561) 686-3307**

Daytime Phone #

CR2E034 (10/00)