

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90028 012 ***150.00

DOCUMENT # P98000018786

1. Entity Name

INTEGRATED MANAGEMENT CORPORATION

Principal Place of Business

**40 NE 7TH AVENUE 3RD FLOOR
DELRAY BEACH FL 33483**

Mailing Address

**40 NE 7TH AVENUE 3RD FLOOR
DELRAY BEACH FL 33483**

2. Principal Place of Business

525 SE 6th Avenue

Suite, Apt. #, etc.

Suite B

City & State

Delray Beach, FL

Zip

33483

Country

Palm Bch

3. Mailing Address

525 SE 6th Avenue

Suite, Apt. #, etc.

Suite B

City & State

Delray Beach, FL

Zip

33483

Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANKIER, M. A
40 NE 7TH AVENUE
3RD FLOOR
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete
NAME **BANKIER, M A**
STREET ADDRESS **40 N.E. 7 AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete
NAME **BANKIER, JUDITH**
STREET ADDRESS **40 N.E. 7 AVE 3 FLR**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☒ Delete
NAME **ROGERS, CINDY**
STREET ADDRESS **40 NE 7 AVE 3 FLOOR**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO/Pres.** ☒ Change ☐ Addition
NAME **Judith Bankier**
STREET ADDRESS **525 SE 6th Avenue, Ste B**
CITY-ST-ZIP **Delray Beach, FL 33483**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01

561-276-1960

CR2E034 (10/00)