

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020698

1. Entity Name

INTERNATIONAL MANAGEMENT & MARKETING SERVICES, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90209 016 \*\*\*150.00

Principal Place of Business

Mailing Address

315 W 57TH ST  
19 D  
NEW YORK NY 10019  
US

1134 N 35TH ST  
ALLENTON PA 18104-2632  
US

2. Principal Place of Business

3. Mailing Address

315 W 57TH ST NY, NY 10019

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NY NY 10019

Zip

Country

Zip

Country

10019

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3574939

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

BALOG, ANDREW E  
3300 N.E. 192ND STREET  
SUITE 1109  
AVENTURA FL 33810

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, 2000 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 P  
NAME FRAENKEL, VERNON  
STREET ADDRESS 315 W 57TH ST  
CITY-ST-ZIP NY NY 10019

☐ Delete

TITLE S  
NAME LENT, SUSAN  
STREET ADDRESS 216 MASSACHUSETTS ST  
CITY-ST-ZIP WETSFIELD NJ 07090

☐ Delete

TITLE AS  
NAME FRAENKEL, HILLARY  
STREET ADDRESS 601 LENOX AVE  
CITY-ST-ZIP WESTFIELD NJ 07090

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vernon H. Fraenkel

2-28-2000

212 245 5430

CR2E034 (9/99)