

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91024 001 ***300.00

DOCUMENT # P98000037027

1. Entity Name

IMAGINATION AND INFORMATICS U.S.A., INC.

Principal Place of Business

**900 W 49TH ST
STE 540
HIALEAH FL 33012
US**

Mailing Address

**900 W 49TH ST
STE 540
HIALEAH FL 33012
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0837924**

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

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	D	<input type="checkbox"/> Delete
NAME	MOSQUERA, TONNY	
STREET ADDRESS	100 W. 49TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSQUERA, TONNY	
STREET ADDRESS	900 W. 49TH ST. SUITE 540	
CITY-ST-ZIP	HIALEAH, FL. 33012	

TITLE	D	<input type="checkbox"/> Delete
NAME	ARANGO DE CHABUR, CARMENZA	
STREET ADDRESS	100 W. 49TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANGO DE CHABUR, CARMENZA	
STREET ADDRESS	900 W. 49TH ST. SUITE 540	
CITY-ST-ZIP	HIALEAH, FL. 33012	

TITLE	D	<input type="checkbox"/> Delete
NAME	LLAURADO, ISABEL	
STREET ADDRESS	100 W. 49TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISABEL LLAURADO	
STREET ADDRESS	301 174 ST # 1220	
CITY-ST-ZIP	MIAMI BEACH, FL. 33160	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILLERMO CASTILLO	
STREET ADDRESS	8 TRANSYLVANIA AVE.	
CITY-ST-ZIP	KEY BARGE, FL. 33037	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO CASTILLO**4/18/2001 - 305-558-0859**

Date

Daytime Phone #

CR2E034 (10/00)