

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

Jul 13, 2000 8:00 am
Secretary of State

04-11-2000 90221 029 ***150.00

DOCUMENT # P98000051734

1. Entity Name

THE PROPER IMAGE, INC.

R

Principal Place of Business

Mailing Address

12008 FLICKER WAY
COOPER CITY FL 33026

12008 FLICKER WAY
COOPER CITY FL 33026-1253

2. Principal Place of Business

12008 Flicker Way
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Cooper City, FL

City & State

Same

Zip

33026

County

Broward

Zip

Country

4. FEI Number

15-099320-001

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-ZADAK, AIMEE M.
12008 FLICKER WAY
COOPER CITY FL 33026

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

OP
ZADAK, AIMEE
12008 FLICKER WAY
COOPER CITY FL 33026

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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☐ 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:

Aimee Zadak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00 (954) 483-4082
Date Daytime Phone

EIN #
not
FBI

CR2E034 (9/99)