2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016279

1. Entity Name

Internet Management Group, Inc.

FILED
SECRETARY OF STATE
05-09-2000 90132 044 ***150.00

00 JUN 1 PM 12:49

Principal Place of Business — Mailing Address

1666 North Kennedy Causeway
North Bay Village, FL 33141

2. Principal Place of Business	3. Mailing Address
500 NW 165 Street	Same
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.
City & State: Miami	City & State
Zip: 33169 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0895267 — 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: Spiegel & Utrera, P.A.
Street Address: 343 Almeria Avenue
City: Coral Gables FL Zip Code: 33134

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] (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P, S, T NAME: Kenneth Grossfeld STREET ADDRESS: 500 NW 165 Street, Ste 201 CITY-ST-ZIP: Miami, FL 33169	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #