FILED
Jun 23, 2002 8:00 am
Secretary of State
05-24-2002 91331 003 ***150.00

36601

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027055

1. Entity Name

I M MANAGEMENT, INC
8903 GLADES ROAD A-8
BOCA RATON FL 33434

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 072-42-5173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

ALAN STERNBERG
~~12310 SW 113th AV~~
MIAMI FL 33176

7. Name and Address of Current Registered Agent

Name ~~ARNOLD E NEEDLEMAN MD~~
Street Address (P.O. Box Number is Not Acceptable) 8903 GLADES ROAD #8A
City BOCA RATON FL Zip Code 33434

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 X [signature] DATE 6/17/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	PRESIDENT ALAN STERNBERG 12310 SW 113th AV MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN ARNOLD NEEDLEMAN 8903 GLADES ROAD #8A BOCA RATON FL 33434	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

[signature] 5/1/02 561-218-9071

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

CR2E034R (12/01)