

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055221

1. Entity Name

INTERNATIONAL MARKETING OF SOUTH FLORIDA, CORP.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90042 029 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 17541  
WEST PALM BEACH FL 33416

P.O. BOX 17541  
WEST PALM BEACH FL 33416-7541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4645 GUN CLUB ROAD

3. Mailing Address

P.O. Box 17541

Suite, Apt. #, etc.

# 14

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FLORIDA

City & State  
W.P.B. FLORIDA

4. FEI Number  
65-0927422

Applied For  
Not Applicable

Zip

33415

Country

PALM BEACH

Zip

33416

Country

PALM BEACH

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

CORPORATE CREATIONS ENTERPRISES INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

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 D ☐ Delete  
NAME FRISON, GEORGE A  
STREET ADDRESS P.O. BOX 17541  
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE PRESIDENT, CHAIRMAN, CEO ☐ Change ☒ Addition  
NAME GEORGE FRISON  
STREET ADDRESS 4645 GUN CLUB ROAD SUITE # 14  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE D ☒ Delete  
NAME FRISON, PAULINE  
STREET ADDRESS P.O. BOX 17541  
CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: GEORGE FRISON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-00 561-242-5122  
Date Daytime Phone #

CR2E034 (9/99)