

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90164 003 \*\*\*150.00

**DOCUMENT # P99000055221**

**1. Entity Name**  
**INTERNATIONAL MARKETING OF SOUTH FLORIDA, CORP.**

**Principal Place of Business**  
**1860 FOREST HILL BLVD**  
**#206**  
**WEST PALM BEACH FL 33406**  
**US**

**Mailing Address**  
**P.O. BOX 17541**  
**WPB FLORIDA**  
**WEST PALM BEACH FL 33416**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**2385 EXECUTIVE CENTER**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**DRIVE, SUITE 100**  
**CITY & STATE**  
**BUCARATON, FLORIDA**

**CITY & STATE**

**4. FEI Number** **65-0927422**

**Applied For**  
**Not Applicable**

**Zip** **33431** **Country** **U.S.A.**

**Zip**

**Country**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**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** **SECRETARY** ☐ **Change** ☒ **Addition**  
**NAME** **GEORGE FRISON**  
**STREET ADDRESS** **2385 EXECUTIVE CENTER DR. SUITE 100**  
**CITY-ST-ZIP** **BUCARATON FL, 33431**

**TITLE** **PCC** ☐ **Delete**  
**NAME** **FRISON, GEORGE**  
**STREET ADDRESS** **4645 CUN CLUB RD SUITE 14**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33415**

**TITLE** **PCC.** ☒ **Change** ☐ **Addition**  
**NAME** **GEORGE FRISON**  
**STREET ADDRESS** **2385 EXECUTIVE CENTER DR. SUITE 100**  
**CITY-ST-ZIP** **BUCARATON FL 33431**

**TITLE** ☐ **Delete**  
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** George Frison **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-04-02** **561-962-2726**  
Date Daytime Phone #

CR2E034 (9/01)