

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90135 039 \*\*\*150.00

**DOCUMENT # P99000055221**

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



Principal Place of Business  
**2385 EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON FL 33431  
US**

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



2. Principal Place of Business  
**2385 EXECUTIVE ST.**

3. Mailing Address  
**P.O. Box 17541**

Suite, Apt. #, etc.  
**100**

Suite, Apt. #, etc.  
**W. PALM BEACH**

City & State  
**BOCA RATON, FL**

City & State  
**W.P.B. FL**

Zip  
**33431**

Country  
**PALM BCH**

Zip  
**33416**

Country  
**P.B.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0927422**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**N/A**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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

TITLE **S** ☐ Delete  
NAME **FRISON, GEORGE**  
STREET ADDRESS **2385 EXECUTIVE CENTER DR. STE. 100**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **SECRETARY** ☐ Delete  
NAME **MIREFLOH FRISON**  
STREET ADDRESS **P.O. BOX 17541 W.P.B.**  
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **LARRY WALLING**  
STREET ADDRESS **2385 EXECUTIVE CENTER DRIVE**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Change ☐ Addition  
NAME **506 GLENWOOD DR**  
STREET ADDRESS **W.P.B. FL 33415**  
CITY-ST-ZIP

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

TITLE **SECRETARY** ☐ Change ☐ Addition  
NAME **MIREFLOH FRISON**  
STREET ADDRESS **506 GLENWOOD DR. FL 33415**  
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **LARRY WALLING**  
STREET ADDRESS **8172 DILLMAN RD W.P.B. FL**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **33411**  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CRS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-29-03 561-962-2724**

Date

Daytime Phone #

CR2E034 (10/02)