

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90114 041 \*\*\*150.00

01/5/02 AV

**DOCUMENT # P99000060790**

1. Entity Name  
**IMAGING GRAFIX, INC.**

Principal Place of Business

**11251 RENAISSANCE RD  
 COOPER CITY FL 33026**

Mailing Address

**11251 RENAISSANCE RD  
 COOPER CITY FL 33026**

2. Principal Place of Business

**5760 Sheridan St.**

3. Mailing Address

**5760 Sheridan St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hollywood FL**

City & State

**Hollywood FL**

Zip

**33021 USA**

Zip

**33021 USA**

4. FEI Number

**65-0932149**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SHAMMAY, AVNER  
 11251 REBAUSSANCE RD  
 COOPER CITY FL 33026**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**5760 Sheridan St.**

**Hollywood**

**FL**

Zip Code

**33021**

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  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

**FILE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PTS**  
**SHAMMAY, AVNER**  
**11251 RENAISSANCE RD**  
**COOPER CITY FL 33026**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**5760 Sheridan St.**  
**Hollywood, FL 33021**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
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☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)