

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061041

1. Entity Name

IMAGECORP.MARKETING AND COMMUNICATION, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90003 043 \*\*\*150.00

Principal Place of Business

Mailing Address

7315 S.W. 18TH ST. RD.  
MIAMI FL 33155

7315 S.W. 18TH ST. RD.  
MIAMI FL 33155-1524

2. Principal Place of Business

3. Mailing Address

361 LAKEVIEW DR  
Suite, Apt. #, etc.

361 LAKEVIEW DRIVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

CORAL SPRINGS, FL.

CORAL SPRINGS, FL.

4. FEI Number

Applied For

65-0932539

Not Applicable

Zip  
33071

County  
DADE

Zip  
33071

County  
DADE

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

BROUWER, IRAIDA R  
7315 S.W. 18TH ST. RD.  
MIAMI FL 33155

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	<input type="checkbox"/> Delete
NAME	FRANKLY, CARLOS	
STREET ADDRESS	CARRERA 63 #128 A-75	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLY, VIVIANA	
STREET ADDRESS	CARRERA 63 #128 A-75	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR & PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLY, CARLOS	
STREET ADDRESS	361 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	DIRECTOR & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLY, VIVIANA	
STREET ADDRESS	361 LAKEVIEW DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 954-346-0641  
Date Daytime Phone #

CR2E034 (9/99)