

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 11, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000064471****1. Entity Name**
CORPORATE IMAGE BUSINESS SOLUTIONS INC.

| | |
|--|--|
| Principal Place of Business 1660 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 | Mailing Address 1660 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 1703 N. ANDREWS SQUARE | 3. Mailing Address 1703 N. ANDREWS SQUARE |
|---|---|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|---|---|
| City & State FORT LAUDERDALE FL | City & State FORT LAUDERDALE FL |
|---|---|

| | | | |
|---------------------|----------------------|---------------------|----------------------|
| Zip 33311 | Country US | Zip 33311 | Country US |
|---------------------|----------------------|---------------------|----------------------|

| | |
|------------------------------------|---|
| 4. FEI Number 65-0936838 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROUSH DEAN V
3045 N. FEDERAL HWY

FORT LAUDERDALE FL 33306 US

7. Name and Address of New Registered Agent

Name
ROUSH DEAN V
Street Address (P.O. Box Number is Not Acceptable)
1703 N. ANDREWS SQUARE

City
FORT LAUDERDALE FL Zip Code
33311

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)**07/11/2000**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**

| | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|---|---------------------------------|

| | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|---|---------------------------------|

| | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|---|---------------------------------|

| | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|---|---------------------------------|

| | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|---|---------------------------------|

| | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|---|---------------------------------|

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES ROUSH DEAN VMR. 1703 N. ANDREWS SQUARE FT. LAUDERDALE FL 33311 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|---|---|--|

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|---|

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|---|

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|---|

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|---|

| | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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** _____**Pres** _____ **07/11/2000**