

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000064471**1. Entity Name  
CORPORATE IMAGE BUSINESS SOLUTIONS INC.

Principal Place of Business 1703 N. ANDREWS SQUARE  FORT LAUDERDALE 33311	FL	Mailing Address 1703 N. ANDREWS SQUARE  FORT LAUDERDALE 33311	US	FL
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2. Principal Place of Business 629 E DANIA BEACH BLVD.	3. Mailing Address 629 E. DANIA BEACH BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DANIA BEACH FL	City & State DANIA BEACH FL
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Zip 33004	Country US	Zip 33004	Country US
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4. FEI Number <b>65-0936838</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ROUSH DEAN V  
1703 N. ANDREWS SQUARE  
  
FORT LAUDERDALE FL  
33311 US**7. Name and Address of New Registered Agent**Name  
ROUSH DEAN V  
Street Address (P.O. Box Number is Not Acceptable)  
629 E. DANIA BEACH BLVD.  
  
City  
DANIA BEACH FL Zip Code  
33004

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 \_\_\_\_\_ **04/02/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	PRES ROUSH DEAN VMR. 1703 N. ANDREWS SQUARE FT. LAUDERDALE FL 33311	<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. 629 E. DANIA BEACH BLVD. DANIA BEACH FL 33004	<input checked="" 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
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:** Dean Roush Pres 04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)