

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0267294 AV

DOCUMENT # P99000077032

1. Entity Name
IMPERIAL ONE GROUP, INC.

04-03-2002 90009 048 ***150.00

Principal Place of Business
**1113 NW 156TH TERRACE
 PEMBROKE PINES FL 33027**

Mailing Address
**18260 NE 19 AVE
 #204
 N MIAMI BEACH FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6067 Hollywood Blvd
 Suite, Apt. #, etc.
300

3. Mailing Address
6067 Hollywood Blvd
 Suite, Apt. #, etc.
300

City & State
Hollywood FL

City & State
Hollywood FL

4. FEI Number **65-0949698**

Applied For
 Not Applicable

Zip **33024** Country

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

6. Name and Address of Current Registered Agent

**HIRCHENSON, ALAN
 1113 NW 156TH TERRACE
 PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD HIRCHENSON, ALAN 1113 NW 156TH TERRACE PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COZZA, JOSEPH 18260 NE 19 AVE #204 N MIAMI BEACH FL 33162	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)