

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084700

1. Entity Name

I M MIAMI INTERNATIONAL, INC.

NEW ADDRESS

Principal Place of Business

1681 KENNEDY CSWY #100B
NORTH BAY VILLAGE FL 33141

Mailing Address

14540 S.W. 142ND COURT CIRCLE SOUTH
MIAMI FL 33186

18605 SW 293 TE
HOMESTEAD, FL 33030

2. Principal Place of Business

13255 SW 137 AV

3. Mailing Address

18605 SW 293 TE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

HOMESTEAD, FL

4. FEI Number 65-0970140

Applied For

Not Applicable

Zip

33186

Country

MIAMI-DADE

Zip

33030

Country

MIAMI-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

MURRAY, IRENE

1681 KENNEDY CSWY #100B
NORTH BAY VILLAGE FL 33141

Name

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

18605 SW 293 TE

City HOMESTEAD

FL

Zip Code

33030

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)

X

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.

X

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MURRAY, IRENE
14540 S.W. 142ND COURT CIRCLE SOUTH
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
18605 SW 293 TE
HOMESTEAD, FL 33030 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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:

Irene Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1- 31-01 305-613-6992

Date

Daytime Phone #

CR2E034 (1/01/01)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90073 002 ***155.00

710299



DO NOT WRITE IN THIS SPACE