

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90058 010 \*\*\*150.00

**DOCUMENT # P99000089587**

1. Entity Name  
**CORPORATE IMAGEMAKERS, INC.**

Principal Place of Business      Mailing Address

**190 WEST GLADES RD SUITE C BOCA RATON, FL 33432**      **190 W GLADES RD SUITE C BOCA RATON FL 33432**

2. Principal Place of Business      3. Mailing Address

**3505 So. Ocean Blvd SN**      **7491 N. FEDERAL HWY CS-307**

City & State      City & State

**Highland Beach, FL**      **BOCA RATON, FL**

Zip      Country      Zip      Country

**33487 USA**      **33487 USA**

**AU039341**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

**91-2029229**      Not Applicable

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

☐      ☐

6. Name and Address of Current Registered Agent

**GRANET, LLOYD ESQ.**  
**1900 NW CORPORATE BLVD.**  
**SUITE 100 WEST BUILDING**  
**BOCA RATON FL 33431**

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, 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                      | <b>D</b>                            | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>MANISCALCO, ROSEMARY</b>         |                                 | NAME                                                  | <b>MANISCALCO, ROSEMARY</b>                                       |  |
| STREET ADDRESS             | <b>190 WEST GLADES ROAD SUITE C</b> |                                 | STREET ADDRESS                                        | <b>7491 N. FEDERAL HIGHWAY CS, 307</b>                            |  |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>          |                                 | CITY-ST-ZIP                                           | <b>BOCA RATON, FL 33487</b>                                       |  |
| TITLE                      |                                     | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>MANISCALCO, ROSEMARY</b>         |                                 | NAME                                                  |                                                                   |  |
| STREET ADDRESS             | <b>190 WEST GLADES ROAD SUITE C</b> |                                 | STREET ADDRESS                                        |                                                                   |  |
| CITY-ST-ZIP                |                                     |                                 | CITY-ST-ZIP                                           |                                                                   |  |
| TITLE                      |                                     | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                     |                                 | NAME                                                  |                                                                   |  |
| STREET ADDRESS             |                                     |                                 | STREET ADDRESS                                        |                                                                   |  |
| CITY-ST-ZIP                |                                     |                                 | CITY-ST-ZIP                                           |                                                                   |  |
| TITLE                      |                                     | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                     |                                 | NAME                                                  |                                                                   |  |
| STREET ADDRESS             |                                     |                                 | STREET ADDRESS                                        |                                                                   |  |
| CITY-ST-ZIP                |                                     |                                 | CITY-ST-ZIP                                           |                                                                   |  |
| TITLE                      |                                     | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                     |                                 | NAME                                                  |                                                                   |  |
| STREET ADDRESS             |                                     |                                 | STREET ADDRESS                                        |                                                                   |  |
| CITY-ST-ZIP                |                                     |                                 | 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: **Rosemary Maniscalco, Director**      Date: **4/7/2000**      Daytime Phone #: **561-265-7259**

CR2E034 (9/99)