

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90123 047 ***150.00

DOCUMENT # P99000089587

1. Entity Name

CORPORATE IMAGEMAKERS, INC.

Principal Place of Business

**35055 OCEAN BLVD
 SN
 HIGHLAND BEACH FL 33487**

Mailing Address

**7491 N FEDERAL HG WHY
 C5-307
 BOCA RATON FL 33487**

000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3505 So. Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.

SN

Suite, Apt. #, etc.

City & State

Highland Beach, FL

City & State

Zip

33487

Country

USA

Zip

Country

4. FEI Number **91-2029229**

Applied For

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

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) ☐

**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 **D** ☐ Delete
 NAME **MANISCALCO, ROSEMARY**
 STREET ADDRESS **7491 N FEDERAL HIGHWAY C5, 307**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

Date

561-265-7259

Daytime Phone #

CR2E034 (10/00)