SEP.11.2001 9:48AM ACCOUNTING OFFICES

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
09-17-2001 90010 040 ***550.00

U0063710

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000089902

1. Entity Name
IMBM INVESTMENT CORP.

Principal Place of Business
~~6435 N.W. 78TH PLACE~~
~~PARKLAND FL 33067~~

Mailing Address
~~6435 N.W. 78TH PLACE~~
~~PARKLAND FL 33067~~

2. Principal Place of Business		3. Mailing Address	
2612 Sawgrass Mills Cir		2612 Sawgrass Mills Cir.	
Suite, Apt. #, etc 1511		Suite, Apt. #, etc. 1511	
City & State Sunrise FL.		City & State Sunrise FL.	
Zip 33323	Country Broward	Zip 33323	Country Broward

4. FEI Number 65-0956994 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MIZRACHI, ITAMAR
1291 NW 169TH AVE.
PEMBROKE PINES FL 33028

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 $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$1.00** 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	D MIZRACHI, ITAMAR 1291 NW 167TH AVE PEMBROKE PINES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIZRACHI, BENJAMIN 6435 NW 78TH PLACE PARKLAND FL 33067-2476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/01)

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] 9-10-01 954-430-3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #