## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am DOCUMENT # P99000092597 **Secretary of State** IMAR CORP. 02-28-2001 90091 014 \*\*\*150.00 Principal Place of Business Mailing Address 8452 N.W. 61 ST. 8452 N.W. 61 ST. MIAMI FL 33166 MIAMI FL 33166 DRAYARA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0967206 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired *3*34<u>11</u> USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Chivite Gomez ABATTO: EMILIO Street Address (P.O. Box Number is Not Acceptable) 8452 N.W. 61 ST. MIAMILEL 22166 7852 Zip Code 33411 mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named er SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change Addition TITLE TITLE GOMEZ DEL RIO, MARIA ISABEL NAME NAME 8452 N.W. 61 ST. STREET ADDRESS STREFT ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-71P ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 supplied with 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 of this tee 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 applied cress, with all other like empowered.

SIGNATURE:

TURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2001

<u> 561 - 3526351</u>

CR2E034 (10/00)