## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	JMENT# P9900 IMARIE INCORPORATED	00108000		Secretary of State 09-11-2002 90078 016 ***550.00	
Principal Place of Business 5140 NESTING WAY UNIT C DELRAY BEACH FL 33484		Mailing Address 5140 NESTING WAY UNIT C DELRAY BEACH FL 33484			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0971605 Applied For	
Zip	. Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current	I Registered Agent		Fee Required 7. Name and Address of New Registered Agent	
D0001 F	1 TO 1		Name		
1322 FAI	robert r RFAX Circle East N BEACH FL 33436		Street	t Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
SIGNATURE  9. This corp	Signature, typed or printed name of registered agent a praction is elligible to satisfy its Intangible	nd title if applicable. (NOTE	Registered Agent signa	e or registered agent, or both, in the State of Florida. I am familiar with, and accept an accept agent, or both, in the State of Florida. I am familiar with, and accept an accept agent agent, or both, in the State of Florida. I am familiar with, and accept acceptance of the state of Florida. I am familiar with, and accept acceptance of the state of Florida. I am familiar with, and accept acceptance of the state of Florida. I am familiar with, and accept acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with, and acceptance of the state of Florida. I am familiar with acceptance of the state of Florida. I am familiar with acceptance of the state of Florida. I am familiar with acceptance of the state of the stat	
(See crite	requirement and elects to do so.	After September 13, Make Check Payabl	2002 Fee will le to Departmer	10. Election Campaign Financing Solution State  10. Election Campaign Financing Solution.   11. Election Campaign Financing Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSSI, ROBERT R 5140 NESTING WAY C DELRAY BEACH FL 33484	DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Additions	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROSSI, NORMA E 1 <del>322 FAIRFAX CIRCLE EAST</del> BOYNTON BEACH FL 3343 <del>6</del>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5140 NESTING WAY C: Fichange Addition  5140 NESTING WAY  Change Addition	
TITLE NAME STREET ADDRESS CITŸ-ST-ZIP	e e e e e e e e e e e e e e e e e e e	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Chaulion	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME STREET ADORESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

3. 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 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:

MADORE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

theo.

9/1/02

561 252 - 931 f