

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90155 042 ***150.00

DOCUMENT # S46574

1. Entity Name

3-D IMAGES, INC.

Principal Place of Business

**1280 NORTH CONGRESS AVE.
 STE 214
 WEST PALM BEACH FL 33409
 US**

Mailing Address

**C/O MENDOZA-CALLAS & SCHILLING
 P-O BOX 2715
 PALM BEACH FL 33480-2715 -
 US**

2. Principal Place of Business

3. Mailing Address

c/o Mendoza and Callas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Post Office Box 2715

City & State

**City & State
 Palm Beach, FL**

4. FEI Number

65-0257703

Applied For

Not Applicable

Zip

Country

Zip

Country

33480

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDOZA-CALLAS & SCHIL-
 251 ROYAL PALM WAY
 SUITE 602, SIXTH FLOOR
 PALM BEACH FL 33480**

Name
Mario G. de Mendoza, III

Street Address (P.O. Box Number is Not Acceptable)

c/o Mendoza and Callas

251 Royal Palm Way, Suite 602

City
Palm Beach

FL

Zip Code
33480

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.

Mario G. de Mendoza, III, Reg. Agt **2/18/00**

(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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 BENTZ, ROBERT
 1280 N. CONGRESS AVE.
 WEST PALM BEACH FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSTD
 BENTZ, KAREN
 1280 N. CONGRESS AVE.
 WEST PALM BEACH FL** ☐ Delete

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

TITLE
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE:

Robert Bentz, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC14 (3/99)