

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90577 007 ***150.00

040050 AV

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
 P O BOX 2715
 PALM BEACH FL 33480
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0257703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MENDOZA, CALLAS & SCHIL
 C/O MENDOZA & CALLAS
 251 ROYAL PALM WAY SUITE 602
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name
DE MENDOZA, MARIO G III
 Street Address (P.O. Box Number is Not Acceptable)
C/O MENDOZA & CALLAS
251 ROYAL PALM WAY, STE. 602
 City
PALM BEACH **FL** Zip Code
33480-1310

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

Mario G. De Mendoza, III

03-04-02

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, 2002 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 ☐ Delete
DP
 NAME **BENTZ, ROBERT**
 STREET ADDRESS **1280 N. CONGRESS AVE.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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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 CITY-ST-ZIP

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

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:

Robert Bentz, President

3-11-02

(561) 478-8501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)