

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14332

1. Entity Name

ELECTRIC IMAGE OF SOUTH FLORIDA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90023 039 ***150.00

Principal Place of Business

Mailing Address

~~3409 NW 8TH AVENUE~~ **3223 NW 10 TERRACE** ~~3409 NW 8TH AVENUE~~ **3223 NW 10 TERRACE**
~~#104 # 607-608~~ **#104 # 607-608**
FT. LAUDERDALE FL 33309-5945 FT. LAUDERDALE FL 33309-5945
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3223 NW 10 TERRACE

3. Mailing Address

3223 NW 10 TERRACE

Suite, Apt. #, etc.

SUITE # 607-608

Suite, Apt. #, etc.

SUITE # 607-608

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE

4. FEI Number

65-0314467

Applied For

Not Applicable

Zip

Country

33309

USA

Zip

Country

33309

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

WEBER, RONALD J.
150 SE 11TH ST.
POMPANO BEACH FL 33060

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 \$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 WEBER, RONALD J. 150 SE 11TH ST. POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)