

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90179 033 \*\*\*150.00

**DOCUMENT # V54465**

1. Entity Name

**I.M.T. MARKETING, INC.**

Principal Place of Business

8932 SW 142 AVE., #806  
 MIAMI FL 33186  
 US

Mailing Address

8932 SW 142 AVE., #806  
 MIAMI FL 33186  
 US

2. Principal Place of Business

**8306 MILLS DR.**

Suite, Apt. #, etc.

**# 478**

City & State

**MIAMI FL**

Zip

**33183**

Country

**USA**

3. Mailing Address

**8306 MILLS DR.**

Suite, Apt. #, etc.

**# 478**

City & State

**MIAMI FL**

Zip

**33183**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0349894**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RESAGE, INC.**  
**10420 SW 97 CT**  
**MIAMI FL 33176**

7. Name and Address of New Registered Agent

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, 2001 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRINA, ANTONIO</b>	
STREET ADDRESS	<b>8932 SW 142 AVE., #806</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MASLYKINAS, LARISA</b>	
STREET ADDRESS	<b>8932 SW 142 AVE., #806</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>NINA M. HERRERA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>	
STREET ADDRESS	<b>13101 SW 141 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>MARIA A. HURTADO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>	
STREET ADDRESS	<b>12363 SW 94 Lane</b>	
CITY-ST-ZIP	<b>MIAMI FL, 33186</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Nina M. Herrera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/2001 (305) 982-4031*

Date Daytime Phone #

CR2E034 (10/00)