

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V54465**

1. Entity Name

I.M.T MARKETING, INC.

Principal Place of Business

Mailing Address

**8306 Mills Dr. # 478
MIAMI FL 33183**

2. Principal Place of Business

3. Mailing Address

**8306 Mills Dr.
Suite, Apt. #, etc.
478**

**8306 Mills Dr.
Suite, Apt. #, etc.
478**

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33183

Country
USA

Zip
33183

Country
USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0349894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 reappointing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
NINA M. HERRERA
8306 MILLS DR. # 478
MIAMI FL 33183** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MARIA A HURTADO
12363 SW 94 LANE
MIAMI FL 33186** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
CATERINA BRINA
8306 MILLS DR # 478
MIAMI FL 33183** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[REDACTED] ☐ 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, with all other like empowered.

SIGNATURE:

Nina M. Herrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/2001
Date
(305) 982-4031

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

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