

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90151 037 ****70.00

DOCUMENT # N99000003320

1. Entity Name

IMPACT COMMUNITY SERVICES, INC.

Principal Place of Business

Mailing Address

1623 S. ANDREWS AVE
 FT. LAUDERDALE FL 33316

1623 S. ANDREWS AVE
 FT. LAUDERDALE FL 33316-2509

2. Principal Place of Business

J631 NW 27 CT.

3. Mailing Address

1701 E. ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

City & State

LADERHILL, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0942689

Applied For

Not Applicable

Zip

33313

Country

USA

Zip

33060

Country

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

SCHAUBER, PAUL
 1623 S. ANDREWS AVE
 FT. LAUDERDALE FL 33316

Name

4435 FOXTAIL LANE

City **WESTON**

FL

Zip Code **33331**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVY, YUVAL	
STREET ADDRESS	9528 NW 9 CT.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHAUBER, PAUL	
STREET ADDRESS	4435 FOXTAIL LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOYLE, CHARLES	
STREET ADDRESS	1216 S. DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, HERBERT	
STREET ADDRESS	200 SE 6TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACCAGLI, CHRISTINE	
STREET ADDRESS	915 MIDDLE RIVER DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5492 FOX HOLLOW DR.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **YUVAL LEVY**

4/27/00 (954) 975-3339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #