2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90019 046 ***150.00

DOCUMENT # P94000036268

1. Entity Name

SOLID IMPRESSIONS, INC.

Principal Place of Business	Mailing Address
1323 S.E. 17TH STREET SUITE 477 FORT LAUDERDALE FL 33316	1323 S.E. 17TH STREET SUITE 477 FORT LAUDERDALE FL 33316-1707

C00067990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3060 NE 23 Avenue	3060 NE 23 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lighthouse Point FL	City & State: Lighthouse Point FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number 65-0488813 ☐ Applied For ☐ Not Applicable

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
NEWMAN, PATRICIA G 1501 SE 15TH STREET APT #3-1 FORT LAUDERDALE FL 33316	Name: Patricia G. Newman Street Address (P.O. Box Number is Not Acceptable): 3060 NE 23 Avenue City: Lighthouse Point FL Zip Code: 33064

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: Patricia G. Newman President DATE: 4.4.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D NEWMAN, PATRICIA G 1501 SE 15TH STREET, APT #3-1 FORT LAUDERDALE FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Patricia G. Newman Patricia G. Newman 2-15-00 9545615411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #