

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # P95000025420

FILED

02 MAY 21 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ALL Impact, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4530 N. Hiatus Rd

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 113

Suite, Apt. #, etc.

City & State
Sunrise, FL

City & State

4. FEI Number
65-0570412

Applied For
 Not Applicable

Zip
33351

Country
U.S.

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

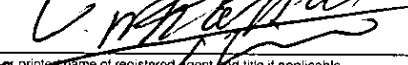
Name
Kim, Byung H.

Street Address (P.O. Box Number is Not Acceptable)

1010 Coral Ridge Dr #103

City **Coral Springs FL** Zip Code **33071**

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  DATE

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **D.P. Kim, Byung H.**
STREET ADDRESS
CITY-ST-ZIP **1010 Coral Ridge Dr #103
Coral Springs, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000005729770--7
-06/11/02--01002--028
***150.00 ***150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
Kim, OK A
1010 Coral Ridge Dr #103
Coral Springs, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000005729770--7
-06/11/02--01002--029
***150.00 ***150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
01-02-UBR

TITLE
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 on an attachment with an address, with all other like empowerments.

SIGNATURE:  DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

DO NOT WRITE IN THIS SPACE

Attachment#

Page 2 of
P9500002542

April 29, 2002

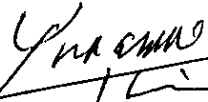
Division of Corp.
P.O. BOX 6327
Tallahassee, FL 32314

Subject: All Impact, Inc.
Ref. Number: P95000025420

Thank you for responding our letter. The UBR 2001 Report never received by us due to moving our business location. Please let us to pay \$300 for 2001 and 2002.

Thank you again for your a great help.

Sincerely Yours,



Byung H. Kim
President
All Impact, Inc.