

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

Page 1 of 2

DOCUMENT # P95000025420

1. Entity Name

ALL Impact, Inc.

FILED

02 MAY 21 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4530 N. Hiatus Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 113

Suite, Apt. #, etc.

City & State

Seaside, FL

City & State

Zip

33351

Country

U.S.

Zip

Country

4. FEI Number

65-0570412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**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

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) ☐

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
STREET ADDRESS
CITY-ST-ZIP
D.P.
Kim, Byung H.
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
D.S.
Kim, OK A
1010 Coral Ridge Dr #103
Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment #

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P9500002542

April 29, 2002

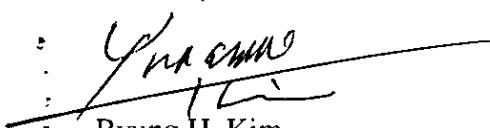
Division of Corp.
P.O. BOX 6327
Tallahassee, FL 32314

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.