

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G09923

1. Entity Name

IMPETCO CORPORATION

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90005 032 ***150.00

Principal Place of Business

15866 TANGERINE BLVD
LOXAHATCHEE FL 33470
US

Mailing Address

15856 TANGERINE BLVD
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

7830 S.W. 48 Court

Suite, Apt. #, etc.

3. Mailing Address

7830 S.W. 48 Court

Suite, Apt. #, etc.

City & State

Miami, FL 33143

City & State

Miami, FL 33143

Zip

33143

Country

USA

Zip

33143

Country

USA

4. FEI Number

59-2254849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMA, ANTHONY R.
15856 TANGERINE BLVD
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

Edward G. Rubinoff

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

7830 S.W. 48 Court

City

Miami

FL

Zip Code

33143

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

Edward G. Rubinoff

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) ☐

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	P	<input type="checkbox"/> Delete
NAME	SAMA, ANTHONY	
STREET ADDRESS	15856 TANGERINE BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RUBINOFF, EDWARD G	
STREET ADDRESS	15220 SW 74TH PL	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAMA, PAT	
STREET ADDRESS	15856 TANGERINE BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBINOFF, ANN	
STREET ADDRESS	15220 SW 74TH PL	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	38 Sycamore Drive
STREET ADDRESS	Chelsea, MI 48118
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7830 S.W. 48 Court
STREET ADDRESS	Miami, FL 33143
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	38 Sycamore Drive
STREET ADDRESS	Chelsea, MI 48118
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7830 S.W. 48 Court
STREET ADDRESS	Miami, FL 33143
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	

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:

Edward G. Rubinoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

305-358-6200

Daytime Phone #

CR2E034 (10/00)