

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90221 027 ***150.00

DOCUMENT # G09923



1. Entity Name
IMPETCO CORPORATION

Principal Place of Business
7830 SW 48 CT
MIAMI FL 33143
US

Mailing Address
7830 SW 48 CT
MIAMI FL 33143
US



2. Principal Place of Business
17601 S.W. 91st Ave.

3. Mailing Address
17601 S.W. 91st Ave.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number: **59-2254849**

Applied For
☐ Not Applicable

Zip
33157

Country
U.S.A.

Zip
33157

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

RUBINOFF, EDWARD G
7830 SW 48 CT
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name **Anthony Sama**
Street Address (P.O. Box Number is Not Acceptable)
17601 S.W. 91st Avenue
City **Miami** **FL** Zip Code **33157**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Anthony Sama, President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/6/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SAMA, ANTHONY**
STREET ADDRESS **38 SYCAMORE DR**
CITY-ST-ZIP **CHELSEA MI 48118**

TITLE **President** ☒ Change ☐ Addition
NAME **Anthony Sama**
STREET ADDRESS **17601 S.W. 91 Ave**
CITY-ST-ZIP **Miami, FL 33157**

TITLE **DST** ☐ Delete
NAME **RUBINOFF, EDWARD G**
STREET ADDRESS **7830 SW 48 CT**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SAMA, PAT**
STREET ADDRESS **38 SYCAMORE DR**
CITY-ST-ZIP **CHELSEA MI 48118**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Patricia Sama**
STREET ADDRESS **17601 S.W. 91 Ave.**
CITY-ST-ZIP **Miami, FL 33157**

TITLE **V** ☐ Delete
NAME **RUBINOFF, ANN**
STREET ADDRESS **7830 SW 48 CT**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 607, 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: **Anthony Sama, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03 (305) 971-6466
Date Daytime Phone #

CR2E034 (10/02)