2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **G28970** May 16, 2000 8:00 am Secretary of State MIAMI IMPRESSIONS SCREEN PRINTING, CORP. 05-16-2000 90066 003 ***150.00 Mailing Address Principal Place of Business 2140 WEST 73 STREET 8758 SW 8TH STREET MIAMI FL 33174-3201 HIALEAH FL 33016 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2292889 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRASHNIK, JACOBO Street Address (P.O. Box Number is Not Acceptable) 1750 W 56 ST #222 HIALEAH FL 33144 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE PRASCHNIK, JACOBO NAME NAME 1750 W 56TH ST., #222 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his filing does not qualify indicated on this report or supplemental reports true and accurate and the y In the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in my signature shall have the same legal effect as if made under oath; that I am an officer or director fort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if execute this re of the corporation or the receiver, changed, or on an attachment er like empo 4-28-00 SIGNATURE: TYPED OR PRINTED NAME OF

GNING OFFICER OF DIRECTOR