## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # J59818** IMPACT SALES & MARKETING, INC. 01-26-2000 90114 001 \*\*\*150.00 Principal Place of Business Mailing Address 545 N.W. 210TH ST - -1409 NORFOLK AVE WESTCHESTER IL 33478-1928 MIAMI FL 33169 US. 2. Principal Place of Business 3. Mailing Address 2914 S.E. ROULH MORES CIRCUE 2914 SOUTHEAST RANCH Suite, Apt. #, etc. ACRES Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2775309 LORINA Not Access \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TEMPKINS, HARRY Street Address (P.O. Box Number is Not Acceptable) **420 LINCOLN ROAD** SUITE 258 MIAMI BEACH FL 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, typed or printed name of registered agent and title if applicable DATE (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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RUSTNOLATTI FRANCINE 2914 S.E. LANCH ACRES CIRCLE ☐ Additic TITLE TITLE Delete ROSENBLATT, FRANCINE NAME NAME 1409 NORFOLK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTCHESTER IL CITY-ST-ZIP Delete TITLE WOLOSKY, WEND! NAME NAME 545 N.W. 210TH ST., #105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition ☐ `Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additic ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additic ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-7IP ☐ Change ☐ Additic TITLE ☐ Delete TITLE

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 director or direc

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSENBLAHT PRES.

e Phone #