

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016345

1. Entity Name

IMPA, L.L.C.

Principal Place of Business

Mailing Address

100 S. SPRING GARDEN AVE
DELAND FL 32720-5138

2. Principal Place of Business

3. Mailing Address

100 S. SPRING GARDEN AVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELAND, FL

4. FEI Number

59-3687559

Applied For

Not Applicable

Zip

Country

Zip

Country

32720

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINOD ARORA
22 W. LAKE BEAUTY DR #307
ORLANDO, FL 32806

Name

MAWANI AMJAD

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

100 S. SPRING GARDEN AVE

City

DELAND

FL

Zip Code 32720

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

MAWANI AMJAD

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/10/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MANAGING MEMBER ☐ Delete
NAME MAWANI AMJAD
STREET ADDRESS 100 S. SPRING GARDEN AVE
CITY-ST-ZIP DELAND, FL 32720

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

TITLE MANAGING MEMBER ☐ Delete
NAME PARESH ROOPANI
STREET ADDRESS 1341 ARBOR VISTA LDDP #137
CITY-ST-ZIP LAKE MARY, FL 32746

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/10/01

Date

904-740-1828

Daytime Phone #

CR2E083 (1/00)