2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1 990(20005200	Carlo A	THE ED
1. Entity Name	00005390	₹	FILED
IMPEX VENTURES, L.C.			01 MAY 24 PM 12: 37
Principal Place of Business 2033 MAIN STREET	Mailing Address 2033 MAIN STREET		SECRETARY OF STATE TALLAHASSEE, FLORIDA
STE 106 SARASOTA FL 34237	STE 106 SARASOTA FL 3423	17	A MARKHAN RIA KAMA TAHA BAKKI BAKKI BAKKI BAKKI DAHAI ANTAR IKIN DAHAI DAHA
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number 65 110 3086 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
· · · · · · · · · · · · · · · · · · ·	;	Nam	
PARKER, THEODORE		Stree	et Address (P.O. Box Number is Not Acceptable)
2033 MAIN STREET, STE 106 SARASOTA FL 34237			
ON BOOTH I E 01207		City	FL Zip Code
9. The above named entity submits this statement	or the purpose of changin	ng its registered office	e or registered agent, or both, in the State of Florida:
	t and title if applicable.	(NOTE: Registered Agent sig	gneture required when reinstating) DATE \$.\$50.00
SIGNATURE Signature, typed or printed name of registered agen	t and title if applicable. FILI Make Check	(NOTE: Registered Agent sig	gneture required when reinstating) DATE \$.\$50.00
SIGNATURE Signature, typed or printed name of registered agen MANAGING MEME ITILE MCR TOMOFF, TOM D 8488 WOODERIAR DRIVE	t and title if applicable. FILI Make Check	(NOTE: Registered Agent signs of the NOW III. FEE IS k Payable to Department of the North Payable (NOTE: Registered Agent signs)	greture required when reinstating) S.\$50.00 artment of State ADDITIONS/CHANGES Change Addition
SIGNATURE Signature, typed or printed name of registered agen MANAGING MEME ITTLE WARE TOMOFF, TOM D SARS WOODBRIAR DRIVE SARSOTA FL WARE TOMINELLI, ROBERT 7627 PATRIDGE STREET-CIRCLE TOMINELLI, ROBERT 7627 PATRIDGE STREET-CIRCLE	t and title if applicable. FILI Make Check BERS/MEMBERS	(NOTE: Registered Agent signature) E-NOW!!!-FEE IS k Payable to Depart 10. TITLE NAME STREET ADDRES	greture required when reinstating) S. \$50.00 artiment of State ADDITIONS/CHANGES Change Addition Change Addition Change Addition
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SIGNATURE Signature, typed or printed name of registered agen MANAGING MEME TITLE NAME STREET ADDRESS CITY-ST-ZIP TOMOFF, TOM D 8488 WOODBRIAR DRIVE SARASOTA FL MGR TOMINELLI, ROBERT 7627 PATRIDGE STREET-CIRCI BRADENTON FL MGR PARKER, THEODORE 2033 MAIN STREET, STE 106	Tand title if applicable. FILI Make Check BERS/MEMBERS Delete Delete	(NOTE: Registered Agent signer of the control of th	gneture required when reinstating) S.\$50.00 artment of State ADDITIONS/CHANGES Change Addition Change Addition SS Change Addition Change Addition Change Addition Change Addition