

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90003 013 ***158.50

DOCUMENT # M21933

1. Entity Name

A CORPORATE IMPRESSION, INC.

Principal Place of Business

**8367 NW 12TH ST
 MIAMI FL 33126**

Mailing Address

**8367 NW 12TH ST
 MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2632837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PONCETI, TONY
 9807 COSTA DEL SOL
 MIAMI FL 33178**

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PONCETI, TONY 9807 COSTA DEL SOL MIAMI FL 33178	<input type="checkbox"/> Delete
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 21504 15/00

A CORPORATE IMPRESSIONSM



A FULL COLOR SERVICE BUREAU

8367 Northwest 12th Street • Miami, Florida 33126 • (305) 599-0077 • Fax (305) 599-0078

7/5/00

Division of Corporations
Tallahassee, FL.

I have just received THE ONE AND ONLY notice — and it is the 2nd which means we did not get the first one.

I am enclosing the regular fee of \$150⁰⁰ plus \$8⁵⁰. I have no idea why I didn't get the first one, but I have had several incidences of wrong mail over the last few months.

Please forgive the late fee as we are very grateful.

Respectfully,

J. Ponata