

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90004 014 \*\*\*\*61.25

**DOCUMENT # N99000003320**

1. Entity Name

**IMPACT COMMUNITY SERVICES, INC.**

Principal Place of Business

J631 NW 27 CT  
 LAUDERHILL FL 33313

Mailing Address

1701 W ATLANTIC BLVD  
 SUITE 2  
 POMPANO BEACH FL 33060

2. Principal Place of Business

5631 NW 27 CT

3. Mailing Address

1701 E. Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

Lauderhill, FL

City & State

Pompano Beach, FL

Zip

33313

Country

Broward

Zip

33060

Country

Broward

4. FEI Number

65-0942689

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAUBER PAUL  
 4435 FOXTAIL LANE  
 WESTON FL 33331

7. Name and Address of New Registered Agent

Name

Mark Pomeranz, Esq.

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

12955 Biscayne Blvd.

Suite 202

City

North Miami

FL

Zip Code

33181

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

*Mark Pomeranz, Esq.*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/19/01  
 DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVY, YUVAL	
STREET ADDRESS	5492 FOX HOLLOW DR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHAUBER, PAUL	
STREET ADDRESS	4435 FOXTAIL LANE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOYLE, CHARLES	
STREET ADDRESS	1216 S. DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, HERBERT	
STREET ADDRESS	200 SE 6TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACCAGLI, CHRISTINE	
STREET ADDRESS	915 MIDDLE RIVER DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE