5/24/2002-91349-008-$61.25-$61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 19 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

669443

DOCUMENT # N99 000003320

1. Entity Name
Impact Community Services, Inc.

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2. Principal Place of Business	3. Mailing Address
5631 NW 27th Ct	2901 Clint Moore Rd, # 274
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill, FL	City & State: Boca Raton, FL
Zip: 33313 Country: USA	Zip: 33496 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650942689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Pomeranz, Mark 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: _____ _____ 4/29/02
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	President / Director
NAME	Yuval Levy
STREET ADDRESS	2101 W. Artlantic Blvd, #110
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	Vice President /Director
NAME	Paul Schauber
STREET ADDRESS	5631 N.W. 27 Court
CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	Treasurer/ Director
NAME	Charles Boyle
STREET ADDRESS	1216 S. Dixie Highway
CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	Secretary/ Director
NAME	Herbert Cohen
STREET ADDRESS	200 S.E. 6 St, Ft. Lauderdale, FL 33316
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director
NAME	Kim Levy
STREET ADDRESS	2101 W. Atlantic Blvd, #110
CITY-ST-ZIP	Pompano Beach, Florida 33069

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CR2E037B (12/01)

12. I hereby certify that I am duly authorized and 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-29-02 (954) 640-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #