

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057356

1. Entity Name

IMPACT INVESTIGATIONS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90013 026 ***155.00

Principal Place of Business

16389 74TH AVE.
PALM BEACH GARDENS FL 33418

Mailing Address

16389 74TH AVE.
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

16389 74th Ave

3. Mailing Address

4521 PGA Blvd #313

Suite-Apt. #, etc.

Palm Beach Gardens

Suite, Apt. #, etc.

Suite 313

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens, FL

Zip

33418

Country

United State

Zip

33418

Country

United State

6. Name and Address of Current Registered Agent

LAMAZARES, ERIC
16389 74TH AVE.
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	LAMAZARES, ERIC	16389 74TH AVE.	PALM BEACH GARDENS FL 33418					

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:

Eric Lamazares Director

1/25/01

561-743-7229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)