

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90064 048 \*\*\*150.00

**DOCUMENT #**

1. Entity Name *P00000057356* ✓

*Impact Investigations, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*16389 74th AVE N.*

3. Mailing Address

*4521 PGA BLVD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite # 313*

City & State

*Palm Beach Gardens, FL*

City & State

*Palm Beach Gardens, FL*

Zip

*33418*

Country

Zip

*33418*

Country

4. FEI Number

*65-1075827*

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

*ERIC LAMAZARES*

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

*4521 PGA BLVD # 313*

City

*Palm Beach Gardens*

**FL**

Zip Code

*33418*

**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

*Eric Lamazares*

*Eric Lamazares*

*4/25/02*

DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

|                |                                       |
|----------------|---------------------------------------|
| TITLE          | <i>DIRECTOR</i>                       |
| NAME           | <i>ERIC LAMAZARES</i>                 |
| STREET ADDRESS | <i>16389 74th AVE North</i>           |
| CITY-ST-ZIP    | <i>Palm Beach GARDENS, FL - 33418</i> |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eric Lamazares*

*4/25/02*

Date

*561-743-7229*

Daytime Phone #