

2001 UNIFORM BUSINESS REPORT (UBR)

5/1
* 5

FILED
Jun 04, 2001 8:00 am
Secretary of State

05-14-2001 90129 001 *****8.75
05-14-2001 90129 002 ***150.00

DOCUMENT # P00000084078

1. Entity Name

IMPACT & GONZALEZ PRINTING, CORP.

Principal Place of Business

Mailing Address

201 SW 22ND AVE. SUITE 7
MIAMI FL 33176

201 SW 22ND AVE. SUITE 7
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

201 S. W. 22 AVE

Suite/Apt. #, etc.

Suite, Apt. #, etc.

7

City & State

City & State

MIAMI, FL

4. FEI Number

65-1037460

Applied For

Not Applicable

Zip

Country

Zip

Country

33135

DADE

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

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 GLORIA BURKE

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

(NOTE: Registered Agent signature required when reinstating)

04/26/01
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 PD ☐ Delete
NAME BURKE, GLORIA
STREET ADDRESS 10500 SW 108TH AVE, APT B-314
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME GONZALEZ, VICTORIANO
STREET ADDRESS 2300 SW 15TH ST
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: Gloria Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26/01
Date

Daytime Phone #

CR2E034 (10/00)