

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

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90188 001 *****8.75
09-12-2003 90188 002 ***150.00

DOCUMENT # 00000084078

1. Entity Name

IMPACT 2 GONZALEZ PRINTING, CORP.

201 S.W. 22 AVE SUITE #7 MIAMI, FL 33135



DO NOT WRITE IN THIS SPACE

55056567

2. Principal Place of Business

53 MIAMI, FLORIDA

Suite, Apt. #, etc.

SUITE #7

City & State

MIAMI, FLORIDA

Zip

33135

Country

DADE

3. Mailing Address

201 S.W. 22 AVE SUITE #7

Suite, Apt. #, etc.

SUITE #7

City & State

MIAMI, FL

Zip

33135

Country

DADE

4. FEI Number

65-1037460

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GLORIA BURKE

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

10500 S.W. 108 AVE APT B-314

City

MIAMI

FL

Zip Code

33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gloria Burke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sep 09/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 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

GLORIA BURKE (PRINTING) 09/08/03 (305) 649-7788

Date

Daytime Phone #

CR2E034B (12/02)

Attachment
55056567
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August 25, 2003

**Division of Corporations
406 East Gaines Street
Tallahassee, Fl. 32399**

Dear Sirs,

I am enclosing herewith my Corporation's check No. 2010 in the amount of \$150.00 to cover current year renewal fee of my Corporation.

Please be advised that I have not received your usual printed form to be signed and send back to you with renewal fee. That is why I am sending you payment with this letter.

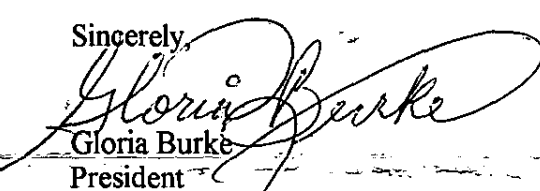
Please check your records to make sure that you have my Corporation correct address, which is:

IMPACT & GONZALEZ PRINTING, CORP.
201 SW 22ND AVENUE - SUITE 7
MIAMI, FL. 33135

P00000084078

I shall highly appreciate if you confirm that my corporation has been renewed.

Sincerely,


Gloria Burke
President