

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90155 038 ***150.00

DOCUMENT # P01000013995

1. Entity Name
IMPEXWAY, CORP.

Principal Place of Business
12470 NW 15 PLACE
BUILDING 11-204
SUNRISE FL 33323

Mailing Address
12470 NW 15 PLACE
BUILDING 11-204
SUNRISE FL 33323

2. Principal Place of Business
8926 NW 6 CT
 Suite, Apt. #, etc.
12

3. Mailing Address
8926 NW 6 CT # 12
 Suite, Apt. #, etc.
12

City & State
PLANTATION, FL

City & State
PL, FLORIDA

4. FEI Number
65-1075782

Applied For
 Not Applicable

Zip
33324

Country
BROWARD

Zip
33324

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

ANDRADE, HORACIO E
12470 NW 15 PLACE
BUILDING 11-204
SUNRISE FL 33323

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PSD** ☐ Delete
 NAME **ABADI, PATRICIA R**
 STREET ADDRESS **12470 NW 15 PLACE**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02 (954)424232

CR2E034 (4/02)

Attachments

Friday, September 13, 2002

Florida Department of State
Divisions of Corporations

Pot 00013995

Dear Director:

The Corporation Impexway Corp. has not received the prior notice to file the Uniform Business Report. I am enclosing the \$150 filing fee as required.

Yours truly,

Patricia Abadi
Officer

