2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State P01000025006 DOCUMENT # 1. Entity Name 04-02-2002 90886 028 ***150 00 IMPRESSIONS PUBLISHING INC. Mailing Address Principal Place of Business 1382 MAJESTY TERRACE 1382 MAJESTY TERRACE WESTON FL 33327 WESTON FL 33327 3. Mailing Address 2. Principal Place of Business 9720 PINES BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-1096254 Not Applicable PEMBROKE PINES, Country Country \$8.75 Additional Zip 5... Certificate of Status Desired 33024= U~S A-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAZINE. MICHELE Street Address (P.O. Box Number is Not Acceptable) 1257 MAJESTY TERRACE WESTON FL 33327 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 ☐ Change X Addition TITLE ☐ Delete DDE NAME Michele Mazine NAME STREET ADDRESS 1257 Majesty Terrace STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Weston, FL 33327 ☐ Delete ST ☐ Change Addition TITLE NAME NAME Meri Solomon STREET ADDRESS STREET ADDRESS 1382 Majesty Terrace CITY-ST-ZIP CITY-ST-ZIP Weston, FL 33327 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.