

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0166667 AV

DOCUMENT # P01000025006

1. Entity Name  
IMPRESSIONS PUBLISHING INC.



FILED

03 SEP -2 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1382 MAJESTY TERRACE  
WESTON FL 33327

Mailing Address  
9726 PINES BLVD  
PEMBROKE PINES FL 33024



2. Principal Place of Business

318 Indian Trace Blvd

3. Mailing Address

1257 Majesty Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1010

City & State

Weston FL

City & State

Weston FL

Zip

33326

Country

USA

Zip

33327

Country

USA

4. FEI Number

65-1096254

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAZINE, MICHELE  
1257 MAJESTY TERRACE  
WESTON FL 33327

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAZINE, MICHELE  
1257 MAJESTY TERRACE  
WESTON FL 33327

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900022701569  
09/02/03--01058--006 \*\*150.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SOLOMON, MERI  
1382 MAJESTY TERRACE  
WESTON FL 33327

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

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☐ Delete

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CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/03

654 349 2841

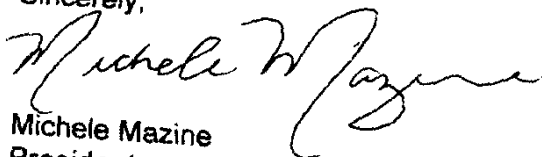
CR2E034 (10/02)

June 26, 2003

To Whom it may Concern,

At the beginning of this year my business partner from Impressions Publishing Inc. left unexpectedly. After several months of legal pursuit, I was able to retrieve paper work and information that I needed to properly run the business. I have obtained legal consultation to get the corporation changed to a sole proprietor. I am obtaining a new CPA to guide me through this process financially. I am well aware of the due date on this paper but I did not have it until after the deadline due to the unforeseen absence of my partner. I am doing everything I can to rectify this matter. Please accept this payment and advise on any other steps I must take to get my company in good legal standing with tax matters.

Sincerely,



Michele Mazine  
President

Contact Information  
Impressions Publishing, Inc.  
318 Indian Trace #106  
Weston, FL 33327  
Tel (954) 349-2841  
CELL (954) 261-5248