

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90112 021 ***150.00

DOCUMENT # P01000031010

1. Entity Name
IMPROLASER INTERNATIONAL CORPORATION

Principal Place of Business
3000-5 NW 25TH AVE
POMPANO BEACH FL 33069

Mailing Address
3000-5 NW 25TH AVE
POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3028168

Applied For

Not Applicable

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

DOS SANTOS, MARIA G
3000-5 NW 25TH AVE.
POMPANO BEACH FL 33069

Name **SANTOS, SERGIO**

Street Address (P.O. Box Number is Not Acceptable) **6700 WANDERLY LAKE**

City **LAKE WORTH** **FL** Zip Code **33467**

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

(NOTE: Registered Agent signature required when reinstating)

04/22/2002
 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, 2002 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 **P** ☒ Delete
 NAME **DOS SANTOS, MARIA G**
 STREET ADDRESS **3000-5 NW 25TH AVE.**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **SANTOS, SERGIO PRES** ☒ Change ☐ Addition
 NAME **SANTOS, SERGIO**
 STREET ADDRESS **6700 WANDERLY LAKE**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **WILLIE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)