

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91336 041 \*\*\*150.00

DOCUMENT # P01000072081

1. Entity Name

Impact Builders, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

1010 Seminole Dr.

Suite, Apt. #, etc.

# 1501

Suite, Apt. #, etc.

City & State

City & State

Ft Lauderdale FL

Zip

Country

Zip

Country

33304

USA

4. FEI Number

65-1146463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Alex Locay

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

1010 Seminole Dr # 1501

City

Ft Lauderdale

FL

Zip Code

33304

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD  
NAME Alex Locay  
STREET ADDRESS 1010 Seminole Dr. # 1501  
CITY-ST-ZIP Ft Lauderdale FL 33304

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 954  
914-86993

Date

Daytime Phone

CR2E034B (12/01)