

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90010 016 \*\*\*150.00

**DOCUMENT # P01000073071**

1. Entity Name  
**INKPRESSIONS BODY ART INC.**

Principal Place of Business  
**18901 S DIXIE HWY STE 182**  
**MIAMI FL 33157**

Mailing Address  
**18901 S DIXIE HWY STE 182**  
**MIAMI FL 33157**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**applying**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BUSTOS, LUIS F**  
**12225 SW 119 TERR**  
**MIAMI FL 33186**

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.

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				PD	Bustos, Luis F.	12225 SW 119 Terrace	12713 SW 146 Lane
					Miami, FL 33186		Miami, FL 33186

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.

**Luis F. Bustos**  
**President**

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/2002 (305)971-1100

Date Daytime Phone #

CR2E034 (9/01)

Attachment # PO1000073071

ESTE PAGO DEBE SER EFECTUADO ANTES DEL 30 de Abril/2002

HACER CHEQUE PAGADERO A Department of State

POR LA CANTIDAD DE \$150.00

RECORDAR FIRMAR LOS DOCUMENTOS ADJUNTOS

Poner en el memo del cc al #PO1000073071