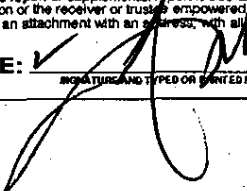


FILED

03 OCT 15 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000002990			
1. Entity Name IMPULSE BEVERAGE CORPORATION			
Principal Place of Business 1825 W. AVE., STE. 9 MIAMI, FL 33139		Mailing Address 1825 W. AVE., STE. 9 MIAMI, FL 33139	
2. Principal Place of Business 2190 NW 89th PL		3. Mailing Address 2190 NW 89th PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172		Zip 33172	
Country DADE		Country DADE	
4. FCI Number 75-2979858		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOLA, MARC M C/O EXECUTIVE CORPORATION 1533 N. DUVAL ST. TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name HAROLD MILLER Street Address (P.O. Box Number is Not Acceptable) 2190 NW 89th PL City MIAMI FL Zip Code 33172	
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 ☒		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when resigning)	
FEE NOW (HERE IS \$150.00) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing... ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HAROLD MILLER 2190 NW 89th PL MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: 		Date _____ Daytime Phone # _____	
Typed or printed name of signing officer or director			

CR2E034 (10/02)

7/10/16

WILLIAM A. SCOTT, CPA, PC

Certified Public Accountant

301 E. HANOVER AVENUE
MORRISTOWN, NJ 07960

EMAIL: WSCOTTCPA@EMAIL.MSN.COM

(973) 455-7800

FAX: (973) 455-0188

August 4, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

COPY

Re: Impulse Beverage Corp
FEIN #75-2979858
Document # PO2000002990
2003 UBR

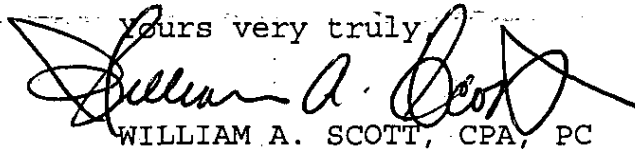
Dear Sir/Madam,

We enclose our 2003 For Profit Corporation Uniform Business Report (UBR) with filing fee of \$150. Please waive the additional assessment associated with filings after the May 1, 2003 date since the current listed address is different than the principal address listed at Division of Corporations.

As a result, the corporation never received the 2003 UBR in time to file by May 1, 2003. We respectfully request you waive the additional assessments and allow the UBR to be filed.

Thank you for any consideration you may extend.

Yours very truly,



WILLIAM A. SCOTT, CPA, PC

Encl/
As stated
cc: Impulse Beverage Corp
WAS:heh