## FILED Apr 25, 2003 8:00 am Secretary of State

## **2003 UNIFORM BUSINESS REPORT (UBR)**

DOCUN 1. Entity Na		3				$\overline{A}$	04-25-200	_			
IMPEXCO, INC						<b>'</b>					
Principal Place of Business Mailing Address 9309 COLLINS AVE., # 2							11016906				
SURFSIDE, 33154			· .				01000	U			
	Place of Business	3. Mailing Address									
Suite, Ap	VATER DRIVE	965 STILLWATER DRIVE Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SPA	CE		
J Guite, Ap	α. π, σιο.	Suite, Apt. #, etc.				1	DO NOT WRITE IN THIS SPACE				
City & Sta		City & Stat				4. FEI Number Applied For					
MIAMI BEA	CH, FL Country	MIAMI BEAC	Countr	Country		35-2159605 \$8.7		Not Applicable Additional		<u>!</u>	
Zip  33141	US	33141		US	y	5	. Certificate of Status Desired		equire		
6.	Name and Address of Current	Registered Ag	jent			7. Na	me and Address of New R	egistered A	gent		
REYES, ROSE MARIE.					Name -						₹ 1
9309 COLLINS AVE., #2					Street Address (P.O. Box Number is Not Acceptable)						
SURFSIDE, FL 33154							TER DRIVE	ceptable)			1
					303 01	ILLVV	TILIV DIVIVE			<del></del> -	┦.
					City		<u>-</u>	FL	Zip C		
9. The char	e named entity submits this state	anant far the n			MIAMI I		<del></del>		3 <u>314</u>		-
o. The abov	e named entity submits this state	ment for the pt	irpose or >	changing	is regist	erea or	lice or registered agent, or b	om, in the a	naie o	r Florida.	
SIGNATURE	Signature, typed or printed name of register	ored agent and title in		NOTE			S hature required when reinstating)	4	/23/20	003	
9. This corp	oration is eligible to satisfy its	F	ILE NOW!	!! FEE IS \$	150.00						1
	Tax filing requirement and elect	S After I	MAY 1, 20	03 Fee will	be \$550.0	10	10. Election Campaign Fir	anci <u>ng</u> \$	5.00	May Be	
to do so.	(See criteria on back)	Make Che	ck Payab	le to Depa	rtment of \$	State	Trust Fund Contribution	n	Adde	d to Fees	.
1157	OFFICERS AND DIR	RECTORS		12.		ADDI	TIONS/CHANGES TO OFFICER	S AND DIRE	CTORS	IN 11	1
TITLE	DIRECTOR		Delete	TITLE				X Ch	ange	Addition	ୗଛ
NAME	REYES, ROSE MARIE	<del></del>		NAME							8
STREET ADDRESS	9309 COLLINS AVE #2			STREET AD			LLWATER DRIVE				[§
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TITLE	DIRECTOR	ل_ا	Delete	TITLE				X Ch	ange	Addition	۱۱۵
NAME STREET ADDRESS	BEDOUT, F. DE 9309 COLLINS AVE #2			NAME	ها ۔۔۔۔۔ام	65 STI	LLWATER DRIVE				1
CITY - ST - ZIP	SURFSIDE, FL 33154			STREET AD			SEACH, FL 33141			il	-
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CITY - ST - ZIP	· ·			STREET AD							
information I am an offi	rtify that the information supplied with to indicated on this report or supplement over or director of the corporation or the ars in Block 11 or Block 12 if changed	tal report is true ar receiver or truste	nd accurate empower	te and that it ered to exec	my signatu cute this re	re shall h port as re	have the same legal effect as if me equired by Chapter 607, Florida S	ade under oa	th: that	•	
SIGNATU	IRE: Townson				TOP		4/00/0000	700 0	00.04		
SIGNATURE: 1030 UNL 104 DIRECTOR 4/23/2003 786-290-3484 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											}

Date

Daytime Phone #