

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90097 022 ***150.00

DOCUMENT # P93000088472

1. Entity Name

IMPRINT GENETICS, CORP.

Principal Place of Business

6726 NW 72ND AVE

MIAMI FL 33166

US

Mailing Address

6726 NW 72ND AVE

MIAMI FL 33166

US

2. Principal Place of Business

6065 NW 167th Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

B-19

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number 65-0456285

Applied For

Not Applicable

Zip

33015

Country

U.S.A.

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

Name

WILLIAM ANGELO

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

6065 NW 167th ST. STE. B-19

City

MIAMI

FL

Zip Code

33015

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME VIDOTO, DANIEL P.
STREET ADDRESS 141 E 3RD AVE., SUITE #202
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE D
NAME VIDOTO, DANIEL P.
STREET ADDRESS 6065 NW 167th ST. STE. B-19
CITY-ST-ZIP MIAMI, FL. 33015

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)