

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90165 031 ***158.75

DOCUMENT # P93000088472

1. Entity Name
IMPRINT GENETICS, CORP.



Principal Place of Business
6065 NW 167TH STREET
B-19
MIAMI FL 33015
US

Mailing Address
6065 NW 167TH STREET
B-19
MIAMI FL 33015
US

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 65-0456285 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELO, WILLIAM
6065 NW 167TH ST
STE B-19
MIAMI FL 33015

Name WILLIAM ANGELO PITARELLO
Street Address (P.O. Box Number is Not Acceptable)
5600 COLLINS AVE. # 10Y
City MIAMI BEACH FL Zip Code 33140

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 *William Angelo Pitarello* WILLIAM ANGELO PITARELLO, J.P. 02/17/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	PT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDOTTO, DANIEL P.		NAME	VIDOTTO, DANIEL P.	
STREET ADDRESS	6065 NW 167TH ST STE B-19		STREET ADDRESS	5600 COLLINS AVE. # 10Y	
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	V.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, PITARELLO A		NAME	PITARELLO, William A.	
STREET ADDRESS	6065 NW 167TH STREET STE B-19		STREET ADDRESS	5600 COLLINS AVE. # 10Y	
CITY-ST-ZIP	MIAMI FL 33015		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *William Angelo Pitarello* WILLIAM ANGELO PITARELLO, J.P. 2/17/03 (305) 825-5888
Date Daytime Phone #

CR2E034 (10/02)