

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007041

1. Entity Name

IMPRENTA AMERICA, INC.

Principal Place of Business

13260 SW 131 ST. STE 125
MIAMI FL 33186
US

Mailing Address

13260 SW 131 ST. STE 125
MIAMI FL 33186-5873
US

2. Principal Place of Business

12972 SW. 132 AVE.

Suite, Apt. #, etc.

3. Mailing Address

12972 SW. 132 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.,

Zip

33186

Country

U.S.A

Zip

33186

Country

U.S.A

6. Name and Address of Current Registered Agent

VARGAS, RUBIEL J
4310 N.W. 59TH ST.
FT. LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

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 X

Signature, typed or printed name of registered agent and title if applicable.

RUBIEL J. VARGAS
PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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, 2000 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	VARGAS, RUBIEL J	
STREET ADDRESS	4310 N.W. 59TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBIEL J. VARGAS
PRESIDENT

Date

Daytime Phone #

4/27/00 (305) 251-8852



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)