

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024706

1. Entity Name

LIVING IMPRESSIONS, INC.

FILED

Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90024 018 ***150.00

Principal Place of Business

Mailing Address

1900 NW 33RD CT

1900 NW 33RD CT

3
POMPANO BEACH FL 33064
US

3
POMPANO BEACH FL 33069-1027
US

2. Principal Place of Business

3014 NW 25th AVENUE

3. Mailing Address

3014 NW 25th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0568435

Applied For

Not Applicable

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

HENGY, MICHAEL P
312 NE 17TH AVE.
FT LAUDERDALE FL 33301

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
HENGY, MICHAEL
312 NE 17 AVE
FT LAUDERDALE FL 33301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVST
SABADA, JAY
16263 64 PL. N.
LOXAHATCHEE FL 33074

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JAY SABADA
10372 FOX TRAIL RD. SOUTH APT 607
ROYAL PALM BEACH, FL 33411

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
LEVENSON, DIANA
4232 PALM FOREST DRIVE. N.
DELRAY BEACH FL 33445

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 (9/99)