Sent By: 0; 0000000; Apr-2

**FILED**
**Apr 30, 2004 8:00 am**
**Secretary of State**
04-30-2004 90256 020 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027849

1. Entity Name
THE IMPRESSION GROUP SOUTH, INC.

94075831

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 400 SOUTH POINTE DR | 400 SOUTH POINTE DR. |
| Suite, Apt. #, etc. # 1906 | Suite, Apt. #, etc. # 1906 |
| City & State MIAMI BEACH FL | City & State MIAMI BEACH FL |
| Zip 33139 Country USA | Zip 33139 Country USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0595636 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: MONTERO, IVY R

Street Address (P.O. Box Number is Not Acceptable): 400 SOUTH POINTE DRIVE # 1906

City: MIAMI BEACH FL Zip Code: 33139

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. (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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 | PV |
| NAME | NOLAN, JOHN J |
| STREET ADDRESS | 400 SOUTH POINTE DRIVE # 1906 |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 |
| TITLE | STD |
| NAME | NOLAN, JOHN J |
| STREET ADDRESS | 400 SOUTH POINTE DRIVE # 1906 |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 |
| TITLE | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 04/26/04 305-532-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #