2002 UNIFORM BUSINESS REPORT (UBR)

Aug 08, 2002 8:00 am Secretary of State P95000036584 DOCUMENT # 1. Entity Name 08-08-2002 90093 043 ***150.00 PAPER MPRESSIONS, INC. Principal Place of Business Mailing Address V (345 R 3000 NORTH FEDERAL HWY 3000 NORTH FEDERAL HWY SUITE 7 SUITE 7 FT. LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0581240 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTELLA, MAUREEN Street Address (P.O. Box Number is Not Acceptable) 3000 NORTH FEDERAL HWY FORT LAUDERDALE FL 33306 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE Delete TITLE Change ☐ Addition ROTELLA, MAUREEN L NAME NAME STREET ADDRESS 2832 NORTHEAST 22ND STREET STREET ADDRESS FT. LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

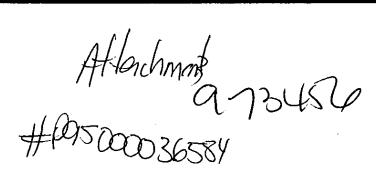
STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

July 17, 2002



Florida Department of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Gentlemen,

Enclosed is the UBR for Paper Mpressions Inc and a check for \$150.00. Please waive the late fee as the corporation never received the first notice.

Yours truly,

Paper Mpressions Inc

Maureen Potella