

DOCUMENT # P95000054816

IMPACT MANAGEMENT CONSULTING, INC.

1058 N.W. 6TH DRIVE
BOCA RATON FL 33486

7-8-02

FILED

02 JUL 12 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E034 (4/02)

TO: Florida Dept of State, Division of Corporations
FROM: Deborah Dugan, for Impact Management Consulting, Inc.
FEI Number: 65-0599335
RE: 2002 Uniform Business Report

Due to the unfortunate event of a major house fire which forced us to relocate unexpectedly, I never received the original forms for my 2002 Uniform Business Report. I have attached our fire department's report as proof, for your reference. Please accept this report in place of the original, along with the original required payment of \$150. I am hoping that due to these unfortunate events which were beyond our control, I will not be required to pay the late fee. Thanks you for your assistance in this matter.



A	06142 FDID	FL State	08/17/2001 Incident Date	ST2 Station	2001009420 Incident Number	00 Exposure	NFIRS -1 Basic
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B Location	<input type="checkbox"/> See Wildland Fire Module for Location						
1 Street address	1058 Number/Milepost	NW Prefix	6TH Street or Highway	Census Tract			
			BOCA RATON City	DR Street Type	Suffix		
	Apt./Suite/Room			FL State	33431- Zip Code		
Cross Street or Directions							

C Incident Type	111 Building fire Incident Type																
D Aid Given or Received	N None																
E1 Dates & Times	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th>Time</th> </tr> </thead> <tbody> <tr> <td>Alarm</td> <td>08/17/2001</td> <td>21:53:56</td> </tr> <tr> <td><input checked="" type="checkbox"/> Arrival</td> <td>08/17/2001</td> <td>21:58:30</td> </tr> <tr> <td><input checked="" type="checkbox"/> Controlled</td> <td>08/17/2001</td> <td>22:10:00</td> </tr> <tr> <td><input type="checkbox"/> Last Unit Cleared</td> <td>08/18/2001</td> <td>01:33:09</td> </tr> </tbody> </table>			Date	Time	Alarm	08/17/2001	21:53:56	<input checked="" type="checkbox"/> Arrival	08/17/2001	21:58:30	<input checked="" type="checkbox"/> Controlled	08/17/2001	22:10:00	<input type="checkbox"/> Last Unit Cleared	08/18/2001	01:33:09
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E2 Shifts & Alarms	Local Option B 5 2 Shift or platoon Alarms District																
E3 Special Studies	Local Option Special Study ID# Special Study Value																

F Action Taken	11 Extinguish Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) 80 Information, investigation & enforcement, Additional Action Taken (3)													
G1 Resources	<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. <table border="1"> <thead> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td>8</td> <td>20</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>2</td> <td>2</td> </tr> </tbody> </table> <input type="checkbox"/> Check box if resource counts include aide received resources.			Apparatus	Personnel	Suppression	8	20	EMS	0	0	Other	2	2
	Apparatus	Personnel												
Suppression	8	20												
EMS	0	0												
Other	2	2												
G2 Estimated Dollar Losses & Values	LOSSES: Required for all fires if known. Optional for non fires. None <table border="1"> <tbody> <tr> <td>Property</td> <td>\$ 20,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Contents</td> <td>\$ 10,000</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> PRE-INCIDENT VALUE: <table border="1"> <tbody> <tr> <td>Property</td> <td>\$ 180,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Contents</td> <td>\$ 50,000</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Property	\$ 20,000	<input type="checkbox"/>	Contents	\$ 10,000	<input type="checkbox"/>	Property	\$ 180,000	<input type="checkbox"/>	Contents	\$ 50,000	<input type="checkbox"/>
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Contents	\$ 10,000	<input type="checkbox"/>												
Property	\$ 180,000	<input type="checkbox"/>												
Contents	\$ 50,000	<input type="checkbox"/>												

Completed Modules	<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11											
H1 Casualties	<input checked="" type="checkbox"/> None <table border="1"> <thead> <tr> <th></th> <th>Deaths</th> <th>Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service</td> <td></td> <td></td> </tr> <tr> <td>Civilian</td> <td></td> <td></td> </tr> </tbody> </table>				Deaths	Injuries	Fire Service			Civilian		
	Deaths	Injuries										
Fire Service												
Civilian												
H2 Detector	2 Detector did not alert occupants											
H3 Hazardous Materials Release	N None											
Mixed Use Property	NN Not mixed use											

J Property Use	419 1 or 2 family dwelling
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M Authorization	Officer in charge ID Signature Rank 2K22 Assignment 08/22/2001 Date Check box if same as Officer in charge <input type="checkbox"/> 10896 Member making report ID Signature FF Rank ACT LT E2 Assignment 08/18/2001 Date Mitch Greenberg			
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MORGEN BUSINESS SYSTEMS, INC.

2513A N.W. 72 Ave., Miami, Fl 33122 (305) 594-5942

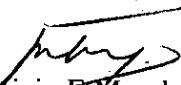
Florida Department of State
Division of Corporation

Reinstatement / Waiver

Enclosed please find check for \$150.00 corresponding to filing of corporation 2002.

At the same time we ask you to waive any late fee due to not receiving 2002 form before the due date.

Thank you for your assistance to this matter.


Mauricio E. Morales
Manager/Owner