

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094373

1. Entity Name

INKPRESSIONS, INC.

Principal Place of Business

7285 W FLAGLER
MIAMI FL 33144
US

Mailing Address

7285 W FLAGLER
MIAMI FL 33144-2503
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0714116

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

DIAZ-SILVERA, ALBERTO C
940 N.W. 40 AVENUE
MIAMI FL 33126

Name

ALBERTO C. DIAZ-SILVEIRA

Street Address (P.O. Box Number is Not Acceptable)

6825 S.W. 94 Ct.

City

Miami

FL

Zip Code

33173

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 PSD
NAME DIAZ-SILVERA, ALBERTO C
STREET ADDRESS 940 N.W. 40 AVENUE
CITY-ST-ZIP MIAMI FL 33126

☒ Delete

TITLE PSD
NAME ALBERTO C DIAZ-SILVEIRA
STREET ADDRESS 6825 S.W. 94 Ct.
CITY-ST-ZIP MIAMI FL 33173

☒ Change

☐ Addition

TITLE VTD
NAME BARRIOS, ENRIQUE
STREET ADDRESS 7845 NW 185 ST
CITY-ST-ZIP HIALEAH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
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)



DO NOT WRITE IN THIS SPACE