

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90152 047 ***150.00

DOCUMENT # P97000042291

1. Entity Name

IMPACT FASHIONS, INC.

Principal Place of Business

**1357 N.E. 163RD STREET
 NORTH MIAMI FL 33162**

Mailing Address

**1357 N.E. 163RD STREET
 NORTH MIAMI FL 33162-4622**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0758974

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

**GAVIRGUN, YIGAL
 1357 N.E. 163RD STREET
 NORTH MIAMI FL 33162**

Name
DAVID COHEN

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

1357 NE. 163 RD.

City

NORTH MIAMI

FL

Zip Code

33162

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

AGENT

1/20/2000

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 **P** ☒ Delete
 NAME **GAVIRGUN, YIGAL**
 STREET ADDRESS **1357 N E 163RD STREET**
 CITY-ST-ZIP **NORTH MIAMI FL 33162**

TITLE **PRESIDENT** ☒ Change ☒ Addition
 NAME **DAVID COHEN**
 STREET ADDRESS **1357 NE. 163RD ST.**
 CITY-ST-ZIP **NORTH MIAMI, FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

**305
 (954) 940-7771**

Date

Daytime Phone #