

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90091 011 \*\*\*150.00

**DOCUMENT # P97000050851**

1. Entity Name  
**IMPRESSIONS IN DESIGN, INC.**



Principal Place of Business  
**2073 NE 160 STREET  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**2073 NE 160 STREET  
NORTH MIAMI BEACH FL 33162**

**70025090**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**2026 NE 155 ST**

Suite, Apt. #, etc.  
**2026 NE 155 ST**

City & State  
**NORTH MIAMI BEACH, FL**

City & State  
**NORTH MIAMI BEACH, FL**

Zip  
**33162** Country

Zip  
**33162** Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0762586**

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

**DAILY, MELISE  
2073 NE 160 STREET  
NORTH MIAMI BEACH FL 33162**

Name  
**DAILY, MELISE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2026 NE 155 ST  
NORTH MIAMI BEACH  
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Melise Daily* **MELISE DAILY, PRESIDENT**

**2-12-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DAILY, MELISE  
436 OCAEN BLVD  
GOLDEN BEACH FL 33160** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
DAILY, JAMES A.  
436 OCEAN BLVD  
GOLDEN BEACH FL 33160** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SCHROEDER, LEE A  
9498 JAMAICA DRIVE  
MIAMI FL 33189** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Melise Daily* **MELISE DAILY, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/03**

Date

**305 956 2250**

Daytime Phone #

CR2E034 (10/02)