

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007054

1. Entity Name

NEW IMPRESSIONS, INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90009 033 ***158.75

Principal Place of Business

2741 W. 6TH AVE
HIALEAH FL 33010

Mailing Address

2741 W. 6TH AVE
HIALEAH FL 33010

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 65-0816374

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

FARIAS, YDELISA
6528 NW 170 TERRACE
MIAMI FL FL

Name

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

City

FL

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.

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 \$550.00
After SEPTEMBER 13, 2000-Min: will be \$750.00-
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 ☐ Delete
NAME D FARIAS, YDELISA
STREET ADDRESS 6528 NW 170 TERR.
CITY-ST-ZIP MIAMI FL 33157

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Ydelisa Farias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00

Daytime Phone #

CR2E034 (5/00)

NEW IMPRESSIONS, INC.

Phone 305-882-7737

Attachment Doc #
p98000007054

2741 W 6th Ave
Hialeah, FL 33010

A0071441

August 01, 2000

Uniform Business Report
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed please find 2000 UNIFORM BUSINESS REPORT (UBR) which states that since we did not file timely, the fee is now \$550.00. I would like to inform you that we DID NOT received the original form for filing this report. If you check your records you will see that we file timely for 1999. I am hoping that my fee of \$158.75 is accepted.

Thank you in advance for your attention in this matter.

Sincerely,

NEW IMPRESSIONS, INC.



Ydelisa Farias
President