

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 17 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040134

1. Entity Name

INKPRESSIONS DESIGNS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 EAST SUNRISE BLVD

3. Mailing Address
500 EAST SUNRISE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE, FL

4. FEI Number 65-0832311

Applied For
Not Applicable

Zip
33304

Country

Zip
33304

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name RAPHAEL A OSPINO

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

500 EAST SUNRISE BLVD

City FT. LAUDERDALE

FL

Zip Code
33304

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IN THIS SPACE

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

Raphel A. Ospino

01/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
RAPHAEL A OSPINO
500 EAST SUNRISE BLVD
FT. LAUDERDALE FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500012311955
02/11/03--01039--031 ***458.75

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 954)763-8051

Date

Daytime Phone #

CR2E034B (12/02)

INKPRESSIONS DESIGNS INC.
500 EAST SUNRISE BLVD
FT.LAUDERDALE, FL 33304
TEL(954)763-8051

2/2/03

[Handwritten signature]

JANUARY 13, 2003
FEI# 65-0832311
DOC# P98000040134

FLORIDA DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

I'M SENDING YOU THE 2003 UNIFORM BUSINESS REPORT, WE NEVER
RECEIVE IT BECAUSE I MOVED. *WE DIDN'T RECEIVED 2001, 2002, 2003,*
UNIFORM BUSINESS REPORT.

ENCLOSED YOU WILL FIND A CHECK FOR \$458.75 FOR THE YEARS 2001,
2002, AND FOR 2003. PLEASE WAIVE THE CHARGES.

SINCERELY YOURS,

[Handwritten signature of Raphael A. Ospino]

RAPHAEL A. OSPINO
PRESIDENT