## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000009375** IMPALA INTERNATIONAL, CORP 4-30-2001 90333 034 \*\*\*150.00 Principal Place of Business Mailing Address 2050 CORAL WAY 2050 CORAL WAY STE 303 STE 303 MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0892963 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AGUIA, ERY Street Address (P.O. Box Number is Not Acceptable) 2050 CORAL WAY **STE 303** MIAMI FL 33145 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TISLE D ☐ Delete TITLE Change Addition NAME NAME AGUIA, ERY STREET ADDRESS STREET AUDRESS 2050 CORAL WAY, #303 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Change ■ Addition Delete TITLE TITLE AGUIA, ALBERTO NAME NAME STREET ADDRESS STREET ADDRESS 2050 CORAL WAY, #303 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** TITLE Change Addition TITLE ☐ Delete NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAMS STREET ADDRESS STREET ADDRESS

13. Thereby 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 addres

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(205)860-0901