

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #

1. Entity Name

Impuls Verde, Inc. P99000009555

02 APR 18 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3225 S. Macdill Ave

3. Mailing Address

3225 S. Macdill Ave

Suite, Apt. #, etc.

Suite 129105

Suite, Apt. #, etc.

Suite 129105

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

593610878

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Gerald A. Perez, Esq.

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

609 N. Azeele St, Suite B

City

Tampa

FL

Zip Code

33606

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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 *N/A*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	CEO
NAME	PAUL PULCINI
STREET ADDRESS	3225 S. Macdill Ave #129105
CITY-ST-ZIP	Tampa, FL 33629
TITLE	
NAME	
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CITY-ST-ZIP	

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***150.00 ***150.00

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JR/26

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Pulcini PAUL PULCINI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/02

Daytime Phone #

(813) 998-0874

CR2F034R (12/01)