

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046215

1. Entity Name

FIRST IMPRESSIONS INTERNATIONAL INC.

FIRST IMPRESSIONS INTERNATIONAL, INC.

Principal Place of Business

5531 N. MILITARY TRAIL APT. 1605
BOCA RATON FL 33496

Mailing Address

5531 N. MILITARY TRAIL APT. 1605
BOCA RATON FL 33496-3801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUJILLO, MONICA
5531 N. MILITARY TRAIL APT. 1605
BOCA RATON FL 33496

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT / CEO
STEVEN I. GOLDSTEIN
5531 N. MILITARY TRAIL #1605
BOCA RATON, FLORIDA 33496

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT / TREASURER
MONICA I. TRUJILLO
5531 N. MILITARY TRAIL #1605
BOCA RATON, FLORIDA 33496

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change

☐ Addition

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:

Monica I. Trujillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/2000 561-9898403



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)