2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am Secretary of State P99000046215 **DOCUMENT #** 1. Entity Name FIRST IMPRESSIONS INTERNATIONAL, INC. 03-22-2002 90041 012 ***150.00 Principal Place of Business Mailing Address 5531 N. MILITARY TRAIL APT. 1605 5531 N. MILITARY TRAIL APT. 1605 **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address 23068 SUNFIELD DRIVE 23068 SUNFIEL'N Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0928253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN GOLDSTEIN, MONICA I. Street Address (P.O. Box Number is Not Acceptable) 5531 N. MILITARY TRAIL APT. 1605 SUN FIELD 23068 **BOCA RATON FL 33496** 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) **PCEO** SAME TITLE TITLE ☐ Delete I GOLDSTEIN STEVEN GOLDSTEIN, STEVEN I NAME 23068 SUNFIELD DRIVE NAME STREET ADDRESS 5531 N MILITARY TRAIL #1605 STREET ADDRESS RATON. **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-7IP BOCA SAME **VPT** TITLE TITLE ☐ Delete I. GoldSTE GOLDSTEIN, MONICA I NAME NAME 23068 SUNFIELD STREET ADDRESS 5531 N MILITARY TRAIL #1605 STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-7IP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED