

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000085503

1. Entity Name

ADVANCED IMPACT ENTERPRISES, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90011 028 \*\*\*150.00

Principal Place of Business

Mailing Address

220 ALHAMBRA CIRCLE, SUITE 810  
CORAL GABLES FL 33134

220 ALHAMBRA CIRCLE, SUITE 810  
CORAL GABLES FL 33134-5109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0962716

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFREY E. LEHRMAN, ESQ. PROFESSIONAL CORP  
220 ALHAMBRA CIRCLE, SUITE 810  
CORAL GABLES FL 33134

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

D

NAME

LEHRMAN, JEFFREY E

STREET ADDRESS

220 ALHAMBRA CIRCLE, SUITE 810

CITY-ST-ZIP

CORAL GABLES FL 33134

TITLE

President

NAME

Alexander Khayat

STREET ADDRESS

5701 Miami Lakes Dr East

CITY-ST-ZIP

Miami Lakes, FL 33014

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/99)