

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90093 037 ***150.00

DOCUMENT # P99000109154

1. Entity Name
IMPRENDA HOLDING, INC.

Principal Place of Business Mailing Address

14286 BISCAYNE BLVD. **14286 BISCAYNE BLVD.**
NORTH MIAMI BEACH FL 33181 **NORTH MIAMI BEACH FL 33181**

2. Principal Place of Business 3. Mailing Address

Same **Same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applied For

Applied For 3/24/00

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MINICK, ROBERT K
14286 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent

Name **Robert K. Minick Jr.**

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

8350 S.W. 184 TH ST

City **Miami** FL Zip Code **33157**

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 **Robert K. Minick Jr.** DATE **2-10-00**

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 Tax filing requirement and elects to do so.

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 <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINICK, ROBERT K	NAME	MINICK, ROBERT K JR
STREET ADDRESS	14286 BISCAYNE BLVD.	STREET ADDRESS	8350 SW 184 TH ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Delete	TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SPINATO, FRANK
STREET ADDRESS		STREET ADDRESS	8533 SW 210 TERR
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33189
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MINICK, LINDA R.
STREET ADDRESS		STREET ADDRESS	8350 SW 184 TH ST
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33157
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SPINATO, LOUISE
STREET ADDRESS		STREET ADDRESS	8533 SW 210 TERR
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33189
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert K. Minick Jr.** Date **2-7-00** Daytime Phone # **(305) 947-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR