

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0150272

DOCUMENT # P00000049586

1. Entity Name
COMPRADIRECT.COM, INC.

05-03-2001 90079 009 ***150.00

Principal Place of Business 801 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131	Mailing Address C/O AKERMAN, SENTERFITT & EIDSON, P.A. ONE S.E. 3RD AVE., 28TH FLOOR MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address Compradirect.com Inc	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 7556	
City & State		City & State Hollywood FL	
Zip	Country	Zip	Country
33081	USA	33081	USA

4. FEI Number 65-1012820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AMERICAN INFORMATION SERVICES, INC.~~
**ONE S.E. THIRD AVENUE, 28TH FLOOR
 MIAMI FL 33131**

Name RALPH CHATTERSON		
Street Address (P.O. Box Number is Not Acceptable) 3500 CLEVELAND ST		
City Hollywood	State FL	Zip Code 33021

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 *R. Chatterson* **RALPH CHATTERSON** **April 28, 2001**
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, 2001 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 PRESIDENT, Secretary, Treasurer	Delete <input type="checkbox"/>
NAME J. Gregory Giagnocavo	
STREET ADDRESS P-127 7449 S.W. 64th ST	
CITY-ST-ZIP Miami FL 33166	
TITLE Vice President	Delete <input type="checkbox"/>
NAME Robert Allen	
STREET ADDRESS 601 Brickell Key DR #805	
CITY-ST-ZIP Miami, FL 33131	
TITLE	Delete <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
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)(j), 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: *J. Gregory Giagnocavo* **J. Gregory Giagnocavo** **April 28, 2001** **954-989-6234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)