

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91146 012 ***150.00

DOCUMENT # P02000084410

1. Entity Name
FIRED UP 2K, INC.



Principal Place of Business
**7348 STARDUST DR.
MIAMI LAKES, FL 33015**

Mailing Address
**7348 STARDUST DR.
MIAMI LAKES, FL 33015**

2. Principal Place of Business

7348 Stardust Dr.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami Lakes Fl. 9

City & State

Same

4. FEI Number

03-0476630

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAPOLEON, CARLA
7348 STARDUST DR.
MIAMI LAKES, FL 33015**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, in ink or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

4-29-03

DATE

KILL NOW!! FEE IS \$160.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **NAPOLEON, CARLA**
STREET ADDRESS **7348 STARDUST DR.**
CITY-ST-ZIP **MIAMI LAKES, FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-03 305-915-6892

CR2E034 (10/02)