

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90005 013 ***150.00

DOCUMENT # P94000027340

1. Entity Name
COUPONMANIA, INC.

Principal Place of Business

**8390 SANDSPOINT BLVD
 F310
 TAMARAC FL 33321
 US**

Mailing Address

**P.O. BOX 26895
 SUNRISE FL 33320
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8390 SANDS POINT BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F310

City & State
TAMARAC FL

City & State

4. FEI Number

65-0481726

Applied For

Not Applicable

Zip
33321

Country
US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EPSTEIN, RICHARD W ESQ.
 100 W. CYPRESS CREEK RD.
 FT. LAUDERDALE FL 33309**

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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHAZEN, BERNARD 8390 SANDS POINT BLVD., #F310 TAMARAC FL 33321	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Melvin Bernard Chazen** *Melvin Bernard Chazen* 1/8/02 954 720-4929
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)