

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # P97000091873

FILED
Jul 06, 2000 8:00 am
Secretary of State

06-07-2000 90002 002 ***150.00

1. Entity Name
AMERIDATE, INC.

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Principal Place of Business 5353 N FEDERAL HWY SUITE 212 FT. LAUDERDALE FL 33308	Mailing Address 5353 N FEDERAL HWY SUITE 212 FT. LAUDERDALE FL 33308-3236
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DO NOT WRITE IN THIS SPACE

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	APPLIED FOR	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, SUSAN
5353 N FEDERAL HWY SUITE 212
FT. LAUDERDALE FL 33308

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 _____ (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

TITLE PD	<input type="checkbox"/> Delete
NAME FELDMAN, SUSAN	
STREET ADDRESS 5353 N FEDERAL HWY SUITE 212	
CITY-ST-ZIP FT. LAUDERDALE FL 33308	
TITLE VD	<input type="checkbox"/> Delete
NAME FELDMAN, FREDERICH	
STREET ADDRESS 5353 N FEDERAL HWY SUITE 212	
CITY-ST-ZIP FT. LAUDERDALE FL 33308	
TITLE SD	<input type="checkbox"/> Delete
NAME FELDMAN, MAURA	
STREET ADDRESS 5353 N FEDERAL HWY SUITE 212	
CITY-ST-ZIP FT. LAUDERDALE FL 33308	
TITLE TD	<input type="checkbox"/> Delete
NAME FELDMAN, ALISHA	
STREET ADDRESS 5353 N FEDERAL HWY SUITE 212	
CITY-ST-ZIP FT. LAUDERDALE FL 33308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: Susan J. Feldman Date: April 29, 2000 Daytime Phone #: 305-667-7771

CR2E034 (9/99)

106254/ Mailed 6/30/00 P.03 (applied for)

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <u>Susan Feldman</u>		3 Executor, trustee, "care of" name <u>NA</u>
2 Trade name of business (if different from name on line 1) <u>AmeriDate, INC.</u>		
4a Mailing address (street address) (room, apt., or suite no.) <u>5353 N. Federal Hwy, # 212</u>		5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <u> Ft. Lauderdale, FL 33308</u>		5b City, state, and ZIP code
6 County and state where principal business is located <u>Broward</u>		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <u>364-46-0664</u> <u>SUSAN FELDMAN</u>		

8a Type of entity (Check only one box.) (See instructions.)

<input checked="" type="checkbox"/> Sole proprietor (SSN) <u>364-46-0664</u>	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Federal Government/military
	<input type="checkbox"/> Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <u>NA</u>	Foreign country <u>NA</u>
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ <u>Dating Service</u>	<input type="checkbox"/> Banking purpose (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) Business plan work in progress

11 Closing month of accounting year (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ SEE #10

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) 954-772-5999
Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ Susan Feldman, President

Signature ▶ Susan Feldman, President Date ▶ 6/30/00

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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