

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90073 001 ***158.75

819950

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000095331
 Entity Name
STIMMING.COM, INC.

Principal Place of Business **Mailing Address**
 4690 NW 102 AVE. 4690 NW 102 AVE.
 SUITE 201 SUITE 201
 MIAMI, FL 33178 MIAMI, FL 33178

Principal Place of Business **3. Mailing Address**
 7891 W. FLAGLER ST. 7891 W. FLAGLER ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #109 #109
 City & State City & State
 MIAMI, FLORIDA MIAMI, FLORIDA

4. FEI Number Applied For
 65-0874649 Not Applicable

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

6. Name and Address of Current Registered Agent
 Hans J. Stimming
 4690 NW 102 Ave.
 Suite 201
 Miami, FL 33178

7. Name and Address of New Registered Agent
 Name: Hans J. Stimming
 Street Address (P.O. Box Number is Not Acceptable): 7891 W. Flagler St.
 #109
 City: Miami FL Zip Code: 33144

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]* Hans J. Stimming **DATE:** 3/2/00

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.
 (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President Hans J. Stimming 7891 W. Flagler St. #109 Miami, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* Hans J. Stimming **DATE:** 3/2/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)