

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90132 047 ***150.00

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AV

DOCUMENT # P99000087532

1. Entity Name
MADD LOVE, INC.



Principal Place of Business
**2700 EDGEWATER COURT
FT LAUDERDALE FL 33332**

Mailing Address
**2700 EDGEWATER COURT
FT LAUDERDALE FL 33332**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0975795**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTMANN, TIFFANY L
2700 EDGEWATER COURT
FT LAUDERDALE FL 33332**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **HARTMANN, TIFFANY**
STREET ADDRESS **2700 EDGEWATER COURT**
CITY-ST-ZIP **WESTON FL 33332**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **HARTMANN, JACOLYN**
STREET ADDRESS **2700 EDGEWATER COURT**
CITY-ST-ZIP **WESTON FL 33332**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
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CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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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: *Jacolin Hartmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-8-03** (954) 384-4935
Daytime Phone #

CR2E034 (10/02)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPY

attachment

80121902
#P 99080087 \$32

We had a death in the family
Please expect the late report check
2 wks late
Thank You
Gardner

CERTIFICATE OF DEATH
FLORIDA

TYPE OF PRINT BY PERMANENT BLACK INK

LOCAL FILE NO. DECEASED'S NAME: **Reiner, Hartmann** SEX: **Male**

1. DATE OF DEATH (Month, Day, Year): **April 7, 2003** (Found) 4. SOCIAL SECURITY NUMBER: **590-05-1206** 5a. AGE Last Birthday: **44** 5b. UNDER 1 YEAR: **Months: 0 Days: 0** 6. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): **NO**

8. DATE OF BIRTH (Month, Day, Year): **April 8, 1958** 7. BIRTHPLACE (City and State or Foreign Country): **Germany** 9a. INSURE CITY LIMITED (Yes or No): **Yes**

9b. PLACE OF DEATH (Select only one; see instructions on other side): **Home** 10. DECEASED'S NAME (Last, first, middle, and initials): **Reiner, Hartmann** 11. COUNTY OF DEATH: **Broward**

12. DECEASED'S OCCUPATION: **Professional** 13. KIND OF BUSINESS/INDUSTRY: **Sports** 14. MARITAL STATUS: **Divorced** 15. SURVIVING SPOUSE (If wife, give maiden name): **Hilde Reiner**

16. DECEASED'S EDUCATION: **College (14 or 21)**

17. DECEASED'S RESIDENCE ADDRESS (Street and No. or P.O. Box, Rural Route No. or City or Town, State, Zip Code): **801 Lavander Circle, Weston, Florida, 33332**

18. DECEASED'S RESIDENCE ADDRESS (Street and No. or P.O. Box, Rural Route No. or City or Town, State, Zip Code): **2710 Edgewater Ct., Weston, FL 33332**

19. DECEASED'S POSITION: **ABCO Laboratory** 20. LOCATION - City or Town, State: **Weston, FL**

21. NAME AND ADDRESS OF FUNERAL HOME: **T.M. Ralph Funeral Home, 33325 371 N.W. 136th Ave., Sun Lakes, FL**

22. DATE SIGNED (Mo., Day, Yr): **April 8, 2003** 23. SIGNATURE OF DECEASED: **[Signature]**

24. SIGNATURE OF REGISTERED PROFESSIONAL EXAMINER: **[Signature]** 25. DATE REGISTERED: **APR 15 2003**

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE
Deputy Chief Registrar
State Registrar



WARNING: THIS DOCUMENT IS PRINTED OR REPRODUCED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. IT IS ACCEPTED WITH OUT VERIFYING THE PRESENCE OF THE WATERMARK. THIS DOCUMENT MAY CONTAIN A MULTICOLORED BY CHROMIUM AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

