

# 2001 UNIFORM BUSINESS REPORT (UBR)

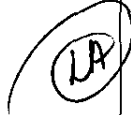
**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90007 048 \*\*\*150.00

0037564 AV

**DOCUMENT # P97000013516**

1. Entity Name  
**1 INSIDE, INC.**



Principal Place of Business  
**8635 NW 54TH STREET**  
**MIAMI FL 33166**

Mailing Address  
**3144 McDONALD ST**  
**COCONUT GROVE FL 33133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3595 LOQUAT AVE.**

City & State  
**COCONUT GROVE, FL**

Zip  
**33133**

4. FEI Number **65-0733511**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CONDE, JOE**  
**8635 NW 54TH STREET**  
**MIAMI FL 33166**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD CONDE, JOE 8635 NW 54TH STREET MIAMI FL 33166</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>VSTD NEARNS, BOBBIE J 8635 NW 54TH STREET MIAMI FL 33166</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/11/01 (305) 442 8618**  
 Date Daytime Phone #

CR2E034 (5/01)

ATTACHMENT  
A00861553

11NSIDE Inc.  
3595 Loquat Ave.  
Coconut Grove, FL 33133

1 Inside Inc.

September 11, 2001

Florida Department of State  
Division of Corporations

Dear Sir or Madam:

P970000013516

In accordance with a phone conversation with your office, I am enclosing a check for \$150.00 for the 2001 UBR. Please note that we had an address change this year and did not receive the first notice. Thank you for your attention to this matter.

Sincerely,

