

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90050 034 ***158.75

0847175 SP

DOCUMENT # P97000029960

1. Entity Name
VIRTUAL DATES, INC.

Principal Place of Business
**6292 WINDLASS CIRCLE
BOYNTON BEACH FL 33437**

Mailing Address
**BOX 4357
BOYNTON BEACH FL 33424**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Box 4357
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Boynton Beach FL

City & State

4. FEI Number
65-0740881

Applied For
Not Applicable

Zip
33424 Country
US

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

**SCHWARTZ, RICHARD H
6292 WINDLASS CIRCLE
BOYNTON BEACH FL 33437**

Name **Richard H. Schwartz**
Street Address (P.O. Box Number is Not Acceptable)
2600 So. Ocean Blvd # 12-B
City **Boca Raton** **FL** Zip Code **33432**

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 **Richard H. Schwartz** **1-12-02**
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 | D SCHWARTZ, RICHARD H 6292 WINDLASS CIRCLE BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2600 So. Ocean Blvd # 12-B Boca Raton, FL 33432 | <input checked="" 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: **Richard H. Schwartz** **1-12-02** **561-997-6286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)