

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90226 010 ***150.00

DOCUMENT # P99000081595

1. Entity Name
BUYME BUYME.COM, INC.



Principal Place of Business
**3897 N. HAVERHILL RD.
#127
WEST PALM BEACH FL 33417**

Mailing Address
**3897 N. HAVERHILL RD.
#127
WEST PALM BEACH FL 33417**

2. Principal Place of Business
1243 52nd St

3. Mailing Address
1243 52nd St

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 2

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33407

Country
Palm Beach

Zip
33407

Country
Palm Beach



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0949498

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LALWANI, ANIL
125 SYCAMORE DR
ROYAL PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name
Lalwani, Anil
Street Address (P.O. Box Number is Not Acceptable)
125 Sycamore Dr.
City
Royal Palm Beach FL Zip Code
33411

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 **4/19/03**
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	P	<input type="checkbox"/> Delete
NAME	LALWANI, ANIL	
STREET ADDRESS	125 SYCAMORE DR.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sunil Lalwani	
STREET ADDRESS	125 Sycamore Dr.	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lalwani, Anil	
STREET ADDRESS	125 Sycamore Dr.	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **Anil Lalwani** **4/19/03** **561-951-7008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)