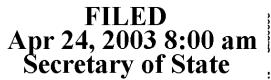
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



1. Entity Name BUYME BUYME.COM, INC.	JU8 1595		04-24-2003 90226 010 ***150.00			
Principal Place of Business 3897 N. HAVERHILL RD.	Mailing Address 3897 N, HAVERHILL RD.					
#127 WEST PALM BEACH FL 33417						
2. Principal Place of Business 12 43 52 nd S+ Suite, Apt. #, etc. C	3. Mailing Address 5 2nd 5+ Suite, Apt. #, etc. 1		CHECK HERE IF MAKING CHANGES			
Suite 2	City & State Palm Beach, FL		4. FEI Number 65-0949498	Applied For		
West Palm Beach, FL	_ Zip Ç	Quntry	5. Certificate of Status Desired	\$8.75 Add		
33407 Palm Boach 6. Name and Address of Current R		alm Beach	7. Name and Address of New Registered	Fee Required	<u> </u>	
LALWANI, ANIL 125 SYCAMORE DR ROYAL PALM BEACH FL 33417	egistered Agent	Name L c	(P.O. Box Number is Not Acceptable) Sycamore Dr.	Agent		
8. The above named entity submits this statement for the obligations of registered asent. SIGNATURE Signature, typed opinited name of registered agent and the control of the control o	Lan	City Roy consistered office or register	ered agent, or both, in the State of Florida. I am	177	and accept	
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.		May Be to Fees	
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND			5
TITLE NAME STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33417	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE V SUR 1 2 3	5 Sycamore Ur.	□ Change 2 33'	All)	E034 (10/0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP O O	Iwani, Anil	Change	☐ Addition	CHO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete" = 424	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with the information supplied wit		TITLE NAME STREET ADDRESS CITY-ST-ZIP exemption stated in S		Change	Addition	

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: