

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90041 037 \*\*\*150.00

**DOCUMENT # F00000003777**

1. Entity Name

**GET ANSWERS.COM, INC.**

Principal Place of Business

**1521 ALTON RD.  
SUITE 403  
MIAMI BEACH FL 33139**

Mailing Address

**1521 ALTON RD.  
SUITE 403  
MIAMI BEACH FL 33139**

2. Principal Place of Business

**18305 BISCAYNE BLVD**

3. Mailing Address

**18305 BISCAYNE BLVD**

Suite, Apt. #, etc.

**Suite 212**

Suite, Apt. #, etc.

**Suite 212**

City & State

**Aventura FL**

City & State

**Aventura FL**

Zip

**33160**

Country

**US**

Zip

**33160**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2242423**

Applied For

Not Applicable

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

**BRUNO, MICHAEL  
1747 VAN BUREN ST.  
HOLLYWOOD FL 33020**

Name

**Robert Cournoyer**

Street Address (P.O. Box Number is Not Acceptable)

**18305 Biscayne Blvd, Ste 2120**

**Bank of America Bldg.**

City

**Aventura, FL**

FL

Zip Code

**33160**

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

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. ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEPO, DAVID J</b>	
STREET ADDRESS	<b>1747 VAN BUREN ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>Chief Executive Officer/Director</b>	<input type="checkbox"/> Delete
NAME	<b>James Koenig</b>	
STREET ADDRESS	<b>18305 Biscayne Blvd, Ste 2120</b>	
CITY-ST-ZIP	<b>Aventura, FL 33160</b>	
TITLE	<b>Chief Financial officer</b>	<input type="checkbox"/> Delete
NAME	<b>Farhaan Mir</b>	
STREET ADDRESS	<b>18305 Biscayne Blvd, Ste 2120</b>	
CITY-ST-ZIP	<b>Aventura, FL 33160</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> Delete
NAME	<b>Robert Cournoyer</b>	
STREET ADDRESS	<b>18305 Biscayne Blvd, Ste 2120</b>	
CITY-ST-ZIP	<b>Aventura, FL 33160</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> Delete
NAME	<b>Ronald Welch</b>	
STREET ADDRESS	<b>18305 Biscayne Blvd, Ste 2120</b>	
CITY-ST-ZIP	<b>Aventura, FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Chairman/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David Nepo for Nepo Development</b>	
STREET ADDRESS	<b>18305 Biscayne Blvd, Ste 2120</b>	
CITY-ST-ZIP	<b>Aventura, FL 33160</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/1/01 305-937-4711**

CR2E034 (10/00)