

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/16/01

FILED

May 05, 2001 8:00 am  
Secretary of State

04-16-2001 90275 040 \*\*\*150.00

DOCUMENT # F00000004034

1. Entity Name

MYCITY.COM HOLDINGS, INC.

Principal Place of Business

1111 LINCOLN RD. STE 390  
MIAMI BEACH FL 33139

Mailing Address

1111 LINCOLN RD. STE 390  
MIAMI BEACH FL 33139

2. Principal Place of Business

169 E. FLAGLER ST.

3. Mailing Address

169 E. FLAGLER ST.

Suite, Apt. #, etc.

SECOND FLOOR

Suite, Apt. #, etc.

SECOND FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

APPLIED FOR

65-1016302

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

MACAULAY, ROBERT B  
1 S.E. 3RD AVE., STE 2200  
MIAMI FL 33131

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

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, 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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	SHLAGMAN, WOLF	
STREET ADDRESS	1111 LINCOLN RD, STE 390	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	KANNER, MARSHALL	
STREET ADDRESS	1111 LINCOLN RD, STE 390	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMPEN, RICHARD J	
STREET ADDRESS	100 S.E. 2ND STREET, 32ND FL	
CITY-ST-ZIP	MIAMI FL 33131	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	169 EAST FLAGLER STREET
CITY-ST-ZIP	SECOND FLOOR
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	169 EAST FLAGLER STREET
CITY-ST-ZIP	SECOND FLOOR
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	
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 #

04/27/01

SECRETARY

(305) 531-7139

CR2E034 (10/00)