MAY.24.2000 12:47PM

APPROVED AND FILED

00 MAY 26 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

...N... UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002215

1. Entity Name

Press 'ON' Ltd. Corp.

Principal Place of Business
409 W. Hallandale Beach Blvd.
Suit 206
Hallandale Fl. 33009

Mailing Address
3741 NE 163rd St.
#108
N. Miami Beach 33160

2. Principal Place of Business
1470 N.W. 107th Ave
Suite H
Miami
Zip 33172 Country USA/Dade

3. Mailing Address
PO Box 520655
Suite, Apt. #, etc.
City & State Miami
Zip 33152 Country USA/Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-5542987

Applied For
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Roberta Cheshier
3741 NE 163rd St. #108
N. Miami Beach 33160

7. Name and Address of New Registered Agent

Name Roberta Cheshier
Street Address (P.O. Box Number Is Not Acceptable) 14524 SW 143 pl.
City Miami FL Zip Code 33186

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 _____ 5/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres / D Roberta Cheshier 3741 NE 163rd St #108 North Miami Beach, FL 33160	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
		☐ Change ☐ Addition
	200003265 -05/30/00--01002--011 ****280.00 *****70.00	☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

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 617, *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: _____ Roberta Cheshier 5/24/00 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR