FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 13, 2001 8:00 am **DOCUMENT # H69030 Secretary of State** BUCKLE UP, INC. OF MIAM! 02-13-2001 90008 050 \*\*\*150.00 Principal Place of Business Mailing Address 1500 SAN REMO AVE 1500 SAN REMO AVE **SUITE 125 SUITE 125** CORAL GABLES FL 33146-3054 CORAL GABLES FL 33146-3054 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2560681 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVE STE 125 **CORAL GABLES FL 33146** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change PD LOUGHLIN, ROBERT NAME NAME LOUGHLIN, ROBERTY 5890 SW 102nd St. STREET ADDRESS 12950 NEVADA ST. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-7IP Pinecrest, Miami, FL 33156 Addition TITLE ☐ Delete TITLE **XX** Change LOUGHLIN, EVELYNE NAME NAME LOUGHLIN, EVELYNE STREET ADDRESS 12950 NEVADA ST. STREET ADDRESS 5890 SW 102nd St. CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP Pinecrest, Miami, FL 33156 Addition TITLE ☐ Delete TITLE MARTIN, CAROLYN, L. NAME NAME MARTIN, CAROLYN L 12950 NEVADA ST. STREET ADDRESS STREET ADDRESS 5890 SW 102nd St. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Pinecrest, Miami, FlxxChange TITLE Delete TITLE LEVIN, HOLLY LOUGHLIN NAME NAME LEVIN, HOLLY LOUGHLIN 12950 NEVADA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33156 5890 SW 102nd St. Pinecrest Miami, Fl 33156 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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.

INTED HAME OF SIGNING OFFICER OR DIRECTOR