FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90024 035 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	K47422
1. Cornoration Name		1777722

UBISQUE CORP.

Principal Pla	Principal Place of Business Mailing Address									
· · · · · · · · · · · · · · · · · · ·			JGA AVE. SUITE 311			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed 11/23/1988				
2. Principal	Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For		
21		26				65-0125274		Not Applicable		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required					
City & St	ate	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	G 30	ountry	r	This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes	□No		
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Register	red Agent			
SUSSMAN, WILLIAM C. 1570 MADRUGA AVE				81 82	Name Street Add	dress (P.O. Box Number is Not Acceptable)				
	IITE 311 Ami Fl 33146			83			-			
******	WIII 1 & 001 10			84	City		EL 85	Zip Code		
office of	nt to the provisions of Sections 607 registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change	was authoriz	zed by	the corporation	poration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changing opointment a	g its registered as registered		
SIGNATUR	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registe	red Agen	signature require	od when reinstating) DATE	<u> </u>			
12.	OFFICERS	RS AND DIRECTORS 1:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD		LETE 1.1 TITLE				☐ Cha	inge 🗌 Additio		
NAME	SUSSMAN, WILLIAM C.	SUSSMAN, WILLIAM C.		NAME						
STREET ADDRES	s 1570 MADRUGA AV, STE 3	11	1.3	STREET	ADDRESS					
			1.4	1.4 CITY-ST-ZIP						
TITLE		☐ DELE	TE 2.1	TITLE		,,	☐ Chai	inge 🔲 Additio		

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

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2.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

NAME

TITLE

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STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

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January 28, 1999

305-662-1991

Addition

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