

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014411

1. Entity Name

YOU-RATE.COM, LLC

Principal Place of Business

607 NORTHLAKE BLVD.  
NORTH PALM BEACH FL 33408

Mailing Address

607 NORTHLAKE BLVD.  
NORTH PALM BEACH FL 33408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CHIUCHIOLO, EMANUEL G  
607 NORTHLAKE BLVD.  
NORTH PALM BEACH FL 33408

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

**FILE NOW!!!-FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

100004638181--9  
-10/16/01--01030--014--  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGR	CHIUCHOLO, EMANUEL G	607 NORTHLAKE BLVD.							
			NORTH PALM BEACH FL 33408							

CR2E083 (5/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Emanuel G. Chiuchio* EMANUEL G. CHIUCHIOLO 10/9/01 561-844-9045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #