

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90256 001 ***150.00
 05-14-2002 90256 002 *****8.75

DOCUMENT # M55650

1. Entity Name
UPSIDE, INC.

Principal Place of Business
1717 NORTH BAYSHORE DRIVE SUITE 208
MIAMI FL 33132

Mailing Address
1717 NORTH BAYSHORE DRIVE SUITE 208
MIAMI FL 33132

2. Principal Place of Business
150 Alhambra Circle

3. Mailing Address
150 Alhambra Circle

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134 USA

Zip Country
33134 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0004934** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT INC
1717 NORTH BAYSHORE DRIVE
SUITE 208
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
S & K Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle

Suite 800

City **Coral Gables** **FL** Zip Code **33134**

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 *Lidia Cartaya* **Lidia Cartaya, Vice President 04/29/02**
 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, 2002 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 **PD** ☐ Delete
 NAME **BUCKREUS, GERTI**
 STREET ADDRESS **1717 NORTH BAYSHORE DRIVE SUITE #208**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VS** ☐ Delete
 NAME **CARTAYA, LIDIA**
 STREET ADDRESS **1717 NORTH BAYSHORE DRIVE SUITE #208**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **150 Alhambra Circle, Suite 800**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **150 Alhambra Circle, Suite 800**
 CITY-ST-ZIP **Coral Gables, FL 33134**

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TITLE ☐ Change ☐ 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: *Lidia Cartaya* **Lidia Cartaya, VP 04/29/02 (305) 476-0955**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)