

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/7/1

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90171 035 \*\*\*\*61.25

**DOCUMENT # N99000007040**

1. Entity Name

CUPID'S SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

4430 FOREST HILL BLVD.  
 WEST PALM BEACH FL 33406

4430 FOREST HILL BLVD.  
 WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650925103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMPERT, MICHAEL A ESO.  
 1655 PALM BEACH LAKES BLVD.  
 SUITE 900  
 WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

8. The above information is being submitted 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 \$61.25  
 After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D. President  
 NAME melina Powell  
 STREET ADDRESS 1101 NW 11th  
 CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D. Director  
 NAME Christina Gociz  
 STREET ADDRESS 295 Sandpiper Ave  
 CITY-ST-ZIP Royal Palm Bch, FL 33411

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D. Vice President  
 NAME michael Gociz  
 STREET ADDRESS 295 Sandpiper Ave  
 CITY-ST-ZIP Royal Palm Bch, FL 33411

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 for the period of time indicated on 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 amendment with an address, with an officer, who is empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-00

(564) 642-5299

CR2E037 (5/00)