

2002 UNIFORM BUSINESS REPORT (UBR)

3/11

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-18-2002 90002 034 ****61.25

DOCUMENT # N99000007040

1. Entity Name

CUPID'S SOCIAL CLUB, INC.

Principal Place of Business

4430 FOREST HILL BLVD.
 WEST PALM BEACH FL 33406

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

65-0925103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, MELINA
5100 SW 104 AVE
FORT LAUDERDALE FL 33328

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

Melina Powell

2-25-02

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

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	PD	<input type="checkbox"/> Delete
NAME	POWELL, MELINA	
STREET ADDRESS	11661 NW 11 STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOELZ, CHRISTINA	
STREET ADDRESS	295 SANDPIPER AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOELZ, MICHAEL	
STREET ADDRESS	295 SANDPIPER AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	Delores Stean	
STREET ADDRESS	11431 81 court north	
CITY-ST-ZIP	West Palm Beach 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delores Stean	
STREET ADDRESS	11431 81 court north	
CITY-ST-ZIP	W Palm Fla. 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or the receiver or trustee empowered to execute 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 attachment with an address, with all other like empowered.

SIGNATURE:

Melina Powell **Melina Powell**
 2-25-02 (954) 4355201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)