

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90002 036 ***158.75

DOCUMENT # P00000009911

1. Entity Name

GAME-BORD.COM, INCORPORATED

Principal Place of Business

17160 SW 94TH AVE., #604
 BOX 571010
 MIAMI FL 33157

Mailing Address

17160 SW 94TH AVE., #604
 BOX 571010
 MIAMI FL 33157

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEE Number

Applied FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, HERVEL E
 17160 SW 94TH AVE., #604
 MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

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

City

State

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 individual agent and title if applicable.

OR IF: Registered Agent signature required when not a salary.

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

☐

FILE NO VIII FEE IS \$150.00
 After MAY 1, 2001 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	PO	☐ Delete
NAME	WEST, HERVEL	
STREET ADDRESS	17160 SW 94TH AVE., #604	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE	VD	☐ Delete
NAME	WEST, DEANNE	
STREET ADDRESS	17160 SW 94TH AVE., #604	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE	D	☐ Delete
NAME	WEST, DWIGHT	
STREET ADDRESS	17160 SW 94TH AVE., #604	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE	D	☐ Delete
NAME	WEST, YVONNE	
STREET ADDRESS	17160 SW 94TH AVE., #604	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE	D	☐ Delete
NAME	WILSON, USA	
STREET ADDRESS	17160 SW 94TH AVE., #604	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 transferor or trustee empowered to execute this report as provided 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 empowers.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #

4/11/2001

CR2004 (10/00)

Attachment 46437
P000000009911

Form **SS-4**

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) GAME-BOARD.COM INCORPORATED	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 17160 SW 94th Ave, # 604	
	5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code MIAMI FL 33157	5b City, state, and ZIP code
	6 County and state where principal business is located DADE FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 593-54-5976 Hervel West	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| ☐ Sole proprietor (SSN) | ☐ Estate (SSN of decedent) |
| ☐ Partnership | ☐ Plan administrator (SSN) |
| ☐ REMIC | ☐ Other corporation (specify) ► |
| ☐ State/local government | ☐ Trust |
| ☐ Church or church-controlled organization | ☐ Federal government/military |
| ☐ Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| ☒ Other (specify) ► INTERNET CORPORATION | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► Corporation	☐ Banking purpose (specify purpose) ►
☐ Hired employees (Check the box and see line 12.)	☐ Changed type of organization (specify new type) ►
☐ Created a pension plan (specify type) ►	☐ Purchased going business
	☐ Created a trust (specify type) ►
	☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) 01/24/2000	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (see instructions)

Nonagricultural	Agricultural	Household
0	0	02

14 Principal activity (see instructions) ► **INTERNET TRAVEL**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)	☒ Other (specify) ► WEB USER/SURFERS	☐ Business (wholesale)	☐ N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) 305-854-9590
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Name and title (Please type or print clearly.) ► **Hervel West (President)**

Fax telephone number (include area code) 305-969-7619

Signature ► _____ Date ► _____

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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Attachment 46437

#P00000009911

GAME BORD. CMM INCORPORATED
17160 S.W. 94TH AVENUE #604
MIAMI FLORIDA 33157
PH. 305.254.9590 FX. 969.7649

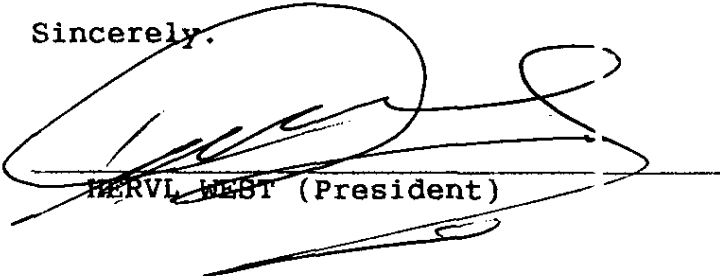
May 17th, 2001

Florida Department Of State
Division Of Corporation
P.O. BOX 6327 Tallahassee FL 32314.

Subject: GAME BORD.COM, INCORPORATED REF: #P00000009911
CAP; FEDERAL EMPLOYER IDENTIFICATION #

We regret the oversight on our part re the subject matter, we have moved to have the matter dealt with, and are attaching herewith the supporting document in evidence.

Sincerely.



HERVE WEST (President)

Attachment 46437
P0000009911

GAME BORD. COM INCORPORATED
17160 S.W. 94TH AVENUE #604
MIAMI FLORIDA 33177
PH. 305 254.9590 FX. 305.969.7649

TOTAL 3 Pages

May 17th, 2001

Department Of The Treasury
Internal Revenue Service.

Gentlemen:

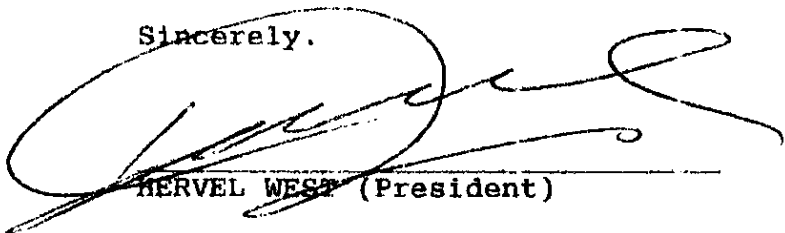
RE; FORM SS-4 EMPLOYERS ID. NUMBER; FOR "GAMEBORD.COM. INC."

We are urgently in need of the subject Employers Identification
Number for Banking and most important our Tax Return.

The attached letter from the Florida Department Of State speaks
for itself.

Please fax the EIN; to ; 305 969 7649. we look forward to your
most urgent attention.

Sincerely.


HERVEL WEST (President)