

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-02-2001 90138 032 ***150.00

DOCUMENT # P00000010305

1. Entity Name

GETALOGO.COM, INC.

(Handwritten mark)

Principal Place of Business

2801 NW 22ND TERRACE
 POMPANO BEACH FL 33069

Mailing Address

2801 NW 22ND TERRACE
 POMPANO BEACH FL 33069

7484

2. Principal Place of Business

8230 NW 20 COURT

3. Mailing Address

8230 N.W. 20 COURT

*Suite, Apt. #, etc.

*Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

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

6. Name and Address of Current Registered Agent

BERMAN, MARC A ESO
 2801 NW 22ND TERRACE
 POMPANO BEACH FL 33069

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 restating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
 NAME BERMAN, MARC A
 STREET ADDRESS 2801 NW 22ND TERRACE
 CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☒ Change ☐ Addition
 NAME PAUL BROWN, PAUL A.
 STREET ADDRESS 8230 NW 20 COURT.
 CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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:

(Handwritten signature)

PAUL A. BROWN

4/26/01

954748-8663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)