## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P0000011546

1. Entity Name

ETRONICAVENUE COM, INC.

Principal Place of Business

Mailing Address

760 NW 107 AVENUE

2771-29 MONUMENT ROAD

Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90010 010 \*\*\*150.00

MIAMI FL 33172			JACKSONVILLE FL 32225									
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 13066 Fiddlers Creek Rd S Suite, Apt. #, etc.									
Ouite, Apt	, π, eισ.		Julie, Apr. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			Jacksonville, Fl			4	4. FEI Number			Applied For  X Not Applicable		
Zip		Country	32224	Countr		5	5. Certificate of Status Desired		S8.75 Additional Fee Required			
	6. Name	and Address of Current R		7. Name and Address of New Registered Agent								
GONZALEZ, JUAN F 3191 CORAL WAY SUITE 1010 MIAMI FL 33145						Name Street Address (P.O. Box Number is Not Acceptable)						
1716 117		City				FI	Zip Code	e				
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 an	d title if applicable. (NOTE	: Registered	Agent signati	re required whe	n reinstating)		DATE	•		
Tax filing	*	ble to satisfy its Intangible nd elects to do so.	FILE NOW!!! FEE IS \$1 After MAY 1, 2001 Fee will be Make Check Payable to Departn			50.00		tion Campaign Fi	٠,		<b>0</b> May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.		F	ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2771-29 M	MILLER, MATHEW 1771-29 MONUMENT ROAD #154		TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	Jevan 13066	my Doa Fide Kers	y Officer Creek Rd -, FL 32:		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'KEEFE, 2771-29 M	Delete EFFE, EDWARD -29 MONUMENT ROAD #154 (SONVILLE FL 32225		THTLE NAME STREET CITY-S	ADDRESS	PTD Mathe 13066	m Mill.	•	∄ ⋜	<b>X</b> Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	o en a nomen	والرائح المستساني المساد	Delete	NAME STREET CITY-S	ADDRESS	50 Edwar 13066	d O'Kee		id 5	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	address T-zip	,				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	Addition	
13 I hereby c	artific that the	information according with the	the fitting of the contract of the fit				4.40.07(0)(0)				. 1	

indicated on this report or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR