

3/19/01

FILED

Apr 20, 2001 8:00 am
Secretary of State

03-19-2001 90074 049 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014814

1. Entity Name

DUE DILIGENCE DONE.COM, INC.

Principal Place of Business

6001 NW 153RD STREET #110
MIAMI LAKES FL 33014

Mailing Address

6001 NW 153RD STREET #110
MIAMI LAKES FL 33014

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

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

WASERSTEIN, RICHARD ESO
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PVTS						
	WASERSTEIN, ALAN	6001 NW 153RD STREET #110	MIAMI LAKES FL 33014				
	D	WASERSTEIN, ALAN	6001 NW 153RD STREET #110		Teresa Marques	6001 NW 153RD ST #110	MIAMI LAKES, FL. 33014
	WASERSTEIN, ALAN	6001 NW 153RD STREET #110	MIAMI LAKES FL 33014				

13. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 grounds like and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/00)