

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030781

1. Entity Name

YOURIGLOO.COM, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90113 013 ***150.00

Principal Place of Business

2499 GLADES ROAD
SUITE 103
BOCA RATON FL 33431

Mailing Address

2499 GLADES ROAD
SUITE 103
BOCA RATON FL 33431

2. Principal Place of Business

3701 FAU BLVD

3. Mailing Address

3701 FAU BLVD

(Suite, Apt. #, etc.)

210

(Suite, Apt. #, etc.)

210

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1000048

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: CEO and Director
NAME: Elliot S. Koolik
STREET ADDRESS: 3269 HARRINGTON DR
CITY-ST-ZIP: BOCA RATON, FL 33496 ☐ Delete

TITLE: PRESIDENT AND DIRECTOR
NAME: RONALD J. GELERT
STREET ADDRESS: 4167 NW 53 STREET
CITY-ST-ZIP: BOCA RATON, FL 33496 ☐ Delete

TITLE: SECRETARY
NAME: WENDY KOOLIK
STREET ADDRESS: 3269 HARRINGTON DR
CITY-ST-ZIP: BOCA RATON, FL 33496 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Ronald J. Gelert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01

Date

561 620-8716

Daytime Phone #

CR2E034 (10/00)