

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90218 032 \*\*\*158.75

0163958

**DOCUMENT # P00000031465**

1. Entity Name

**WHATEVER.COM, INC.**

Principal Place of Business

~~920 SEVILLA AVENUE APT. 102  
 CORAL GABLES FL 33134~~

Mailing Address

~~920 SEVILLA AVENUE APT. 102  
 CORAL GABLES FL 33134~~

2. Principal Place of Business

**7311 N.W. 12 ST.**

3. Mailing Address

**7311 N.W. 12 ST**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**22**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**05-0995270**

Applied For

Not Applicable

Zip

**33126**

Country

Zip

**33126**

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FALIESON ADVISORY, CORP.  
 10300 SUNSET DRIVE SUITE 435  
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **Mauricio Lopez Espinosa**

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

**7311 N.W. 12 ST**

City **Miami**

**FL**

Zip Code

**33126**

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

*Mauricio Lopez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**APRIL 15 2001**

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 **PD**  Delete  
 NAME ~~**HOYOS, NICOLAS**~~  
 STREET ADDRESS ~~**920 SEVILLA AVENUE APT. 102**~~  
 CITY-ST-ZIP ~~**CORAL GABLES FL 33134**~~

TITLE **SD**  Delete  
 NAME **MORENO, MAURICIO**  
 STREET ADDRESS **CALLE 79 #8-21 APT 203**  
 CITY-ST-ZIP **BOGOTA, COLOMBIA**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Change  Addition  
 NAME **Mauricio Lopez Espinosa**  
 STREET ADDRESS **7311 N.W 12 ST Suite 22**  
 CITY-ST-ZIP **Miami, FL 33126**

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:

*Mauricio Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 15 2001**

Date

**305 592 1184**

Daytime Phone #

CR2E034 (10/00)