FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOGUMENT # POQOOO32220 1. Entity Name MYEMAILHO.COM, INC.						Mar 20, 2001 8:00 am Secretary of State 02-12-2001 90227 049 ***150.00				
Principal Plac	ce of Business	Mailing Address								
		2520 SW 102ND DR DAVIE FL 33324			į	31716				
2. Principal Place of Business		3. Mailing Address				E TORNIA SE COL REAL EDEN ASHIN BENIN BENIN BONE SHALL HERE HOLD ON HERE				
Suite, Apt. #, etc.		Suite, Apt. #. etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				El Number 55 - 099874	2	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Count		5. (Certificate of Status Desir	ed 🗍	\$8.75 Add Fee Require		
	6. Name and Address of Current Ro	gistered Agent	_	Name	7. 1	lame and Address of N	ew Registered	Agent		
PETE 2520 DAVI	المراجعين والمعوديونيس	-,	Street A	ddress (P.O. B	lox Number is Not Acce	table)			•	
		,		City	City FL Zip Code					
8. The above	named entity submits this statement for t							<u>.</u>		
	Signature, typed or printed name of registered agent and	 			are required when re	instating)	DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00 t of State	10. Election Campaig Trust Fund Contri	bution.	Added	O May Be to Fees	
11.	OFFICERS AND D	Delete	12.		PSID	DITIONS/CHANGES TO	OFFICERS AN	D DIRECTORS Change	Addition 8	3
NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, ROBERT A JR 2520 SW 102ND DR DAVIE FL 33324	on, robert a jr 102nd dr		E Et address -St-Zip	Robert A 2520 S.W	obert A. Peterson, Jr. 520 S.W. 102rd Dr. evie, Fl. 33324			CR2E034 (10)00 (40)1100 (10)000 (10)00 (10)00 (10)00 (10)00 (10)00 (10)00 (10)00 (10)00 (10)000 (10)	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition E	
TITLE Hame _street adoress		· 🔲 Deliste	TITLE NAME STREE	ET ADDRESS.				☐ Change	Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				<u></u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	CITY	ET ADORESS -ST-ZIP				☐ Change	Addition	
indicated of the co	certify that the information supplied with the on this report or supplemental report is troporation or the receiver of flustee empower, or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	/ sionat	ure shall h	ava the same i	egal effect as it made ur	ider cath: that t	am an orricer	or director i	
SIGNAT	TURE:	Robert: Pe	terso	n, Jr.	Direct	$\sim 1/-3$	O/ (954)2	02-0415		