

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90225 047 ***150.00

DOCUMENT # P00000047170

1. Entity Name

INTERNET INCUBATOR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5114 Okeechobee Blvd

3. Mailing Address

5114 Okeechobee Blvd

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33417

Country

Zip

33417

Country

USA

4. FEI Number

65-1007273

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PETER B. WEINTRAUB

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

1701 W. Hillsboro Blvd # 301

City

Deerfield Beach

FL

Zip Code

33442

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Michael S. Kaye
5114 Okeechobee Blvd, # 110
West Palm Beach, FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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S
Carol Nimphius
5114 Okeechobee Blvd, #110
West Palm Beach, FL 33417

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02

561-640-5855

CR2E034B (12/01)