

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050134

1. Entity Name
4SITE ONLINE INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90117 018 ***150.00

Principal Place of Business

**1615 JEFFERSON AVE #7
MIAMI BEACH FL 33139**

Mailing Address

**1615 JEFFERSON AVE #7
MIAMI BEACH FL 33139**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1023052

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**IGLESIAS, MARIVI
535 16TH STREET, #10
MIAMI BEACH FL 33139**

Name

SAME

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

1615 JEFFERSON AVE. #7

City

MIAMI BEACH

FL

Zip Code

33139

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.

MARIVI IGLESIAS

(NOTE: Registered Agent signature required when reinstating)

4-24-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BARONE, JOHN**
STREET ADDRESS **535 16TH STREET, #10**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **300 EUCLID AVE. #210**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☐ Delete
NAME **FAJARDO, ILEANA**
STREET ADDRESS **535 16TH STREET, #10**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **FATARDO, ILEANA** ☒ Change ☐ Addition
NAME **FATARDO, ILEANA**
STREET ADDRESS **1615 JEFFERSON AVE #7**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☐ Delete
NAME **IGLESIAS, MARIVI**
STREET ADDRESS **535 16TH STREET, #10**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **1615 JEFFERSON AVE. #7**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☐ Delete
NAME **JORGE, ROLAND**
STREET ADDRESS **535 16TH STREET, #10**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SAME** ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **300 EUCLID AVE. #210**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

4-24-01

Date

305-534-6948

Daytime Phone #

CR2E034 (10/00)