

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90013 020 \*\*\*158.75

**DOCUMENT # P00000050486**

**1. Entity Name**  
**DOMAINCOLLECTION.COM, INC.**

**Principal Place of Business**  
**1500 SAN REMO AVE. STE 125**  
**CORAL GABLES FL 33146**

**Mailing Address**  
**1500 SAN REMO AVE. STE 125**  
**CORAL GABLES FL 33146**

031382



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**3555 NW 74th Ave**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**3555 NW 74th Ave**  
**Suite, Apt. #, etc.**

**City & State**  
**MIAMI FL**

**City & State**  
**MIAMI FL**

**4. FEI Number** **65-1016114**

**Applied For**  
**Not Applicable**

**Zip** **33122** **Country** **DADE**

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**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**

**WASSERSTROM, BARRY**  
**4621 HOLLYWOOD BLVD**  
**SUITE 100**  
**HOLLYWOOD FL 33021**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ **Delete**  
**NAME** **LEVINSON, MATIAS**  
**STREET ADDRESS** **1500 SAN REMO AVE, STE 125**  
**CITY-ST-ZIP** **CORAL GABLES FL 33146**

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

**TITLE** **CEO** ☐ **Delete**  
**NAME** **LEVINSON, MATIAS**  
**STREET ADDRESS** **1500 SAN REMO AVE, STE 125**  
**CITY-ST-ZIP** **CORAL GABLES FL 33146**

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

**TITLE** **V** ☐ **Delete**  
**NAME** **RAUL CUENCE, ANTONIO**  
**STREET ADDRESS** **1500 SAN REMO AVE, STE 125**  
**CITY-ST-ZIP** **CORAL GABLES FL 33146**

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

**TITLE** ☐ **Delete**  
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**STREET ADDRESS**  
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**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 another like empowered.**

**SIGNATURE:** SIGNATURE REQUIRED Antonio Cuence 04/02/02 (305) 971 3659  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)