

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90112 032 \*\*\*150.00

**DOCUMENT # P00000052126**

1. Entity Name  
**SWIPE IT, INC.**

Principal Place of Business  
 100 SE 2ND STREET 17TH FLOOR  
 MIAMI FL 33131

Mailing Address  
 100 SE 2ND STREET 17TH FLOOR  
 MIAMI FL 33131

2. Principal Place of Business  
 111 Park Centre Blvd  
 Suite, Apt. #, etc. 104

3. Mailing Address  
 111 Park Centre Blvd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI FL

City & State  
 MIAMI FL

4. FEI Number  
 65-1049915

Applied For  
☒ Not Applicable

Zip  
 33169

Country  
 America

Zip  
 33169

Country  
 America

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

**6. Name and Address of Current Registered Agent**

PERLMAN, ALAN J  
 100 SE 2ND STREET 17TH FLOOR  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name: Perlman, Alan J  
 Street Address (P.O. Box Number is Not Acceptable): 111 Park Centre Blvd  
 City: MIAMI, FL  
 State: FL  
 Zip: 33169

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]*  
 Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 4.17.01

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          | President, Secretary      | <input type="checkbox"/> Delete |
| NAME           | Lori Chadroff             |                                 |
| STREET ADDRESS | 111 Park Centre Blvd #104 |                                 |
| CITY-ST-ZIP    | MIAMI, FL                 |                                 |
| TITLE          | Vice President, Treasurer | <input type="checkbox"/> Delete |
| NAME           | DEBORAH PERLMAN           |                                 |
| STREET ADDRESS | 111 Park Centre Blvd      |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33169           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

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

|                |                           |   |
|----------------|---------------------------|---|
| TITLE          | President, Secretary      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Lori Chadroff             |   |
| STREET ADDRESS | 111 Park Centre Blvd #104 |   |
| CITY-ST-ZIP    | MIAMI FL 33169            |   |
| TITLE          | Vice President, Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Deborah Perlman           |   |
| STREET ADDRESS | 111 Park Centre Blvd      |   |
| CITY-ST-ZIP    | MIAMI, FL 33169           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |   |
| STREET ADDRESS |                           |   |
| CITY-ST-ZIP    |                           |   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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 118.07(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:

*Deborah Perlman, Vice president* 4.17.01 305-6282428  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)