

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-15-2002 90091 045 ***150.00

DOCUMENT # P00000060329

1. Entity Name

THEWIREONLINE.COM, INC.

Principal Place of Business

821 COLLINS AVENUE
 #301
 MIAMI BEACH FL 33139

Mailing Address

821 COLLINS AVENUE
 #301
 MIAMI BEACH FL 33139

92478



2. Principal Place of Business

1800 SUNSET HARBOUR

3. Mailing Address

1800 SUNSET HARBOUR

Suite, Apt. #, etc.

#2103

Suite, Apt. #, etc.

#2103

DO NOT WRITE IN THIS SPACE

75-3061309

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZABLOTNY, CARL E
 821 COLLINS AVE.
 #301
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

1800 SUNSET HARBOUR DR.

#2103

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.

(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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZABLOTNY, CARL E	
STREET ADDRESS	821 COLLINS AVENUE #301	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURT, KERRY	
STREET ADDRESS	821 COLLINS AVENUE #301	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURT, KETH	
STREET ADDRESS	821 COLLINS AVENUE #301	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBBER, PAUL	
STREET ADDRESS	821 COLLINS AVENUE #301	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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		<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		
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 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

4/30/12 305 532-8553

CP2E034 (9/01)