

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90875 004 \*\*\*150.00

DOCUMENT # P00000081853  
 1. Entity Name  
**WALKING IN THE CLOUDS, INC.**

Principal Place of Business Mailing Address  
**501 BRICKELL KEY DRIVE 501 BRICKELL KEY DRIVE**  
**SUITE 400 SUITE 400**  
**MIAMI, FL 33131 MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address  
**260 CRANDON BLVD. 260 CRANDON BLVD.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**STORE #33 STORE #33**

City & State City & State  
**KEY BISCAAYNE, FL KEY BISCAAYNE, FL**  
 Zip Country Zip Country  
**33149 USA 33149 USA**

4. FEI Number Applied For  
**65-1052470 Not Applicable**  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SLOSBERGAS, NELSON**  
**501 BRICKELL KEY DRIVE**  
**SUITE 400**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**PAIVA, TINA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**260 CRANDON BLVD.**  
**STORE #33**  
 City Zip Code  
**KEY BISCAAYNE FL 33149**

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]* DATE **4-29-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PAIVA, TINA</b> <b>501 BRICKELL KEY DRIVE, #400</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>260 CRANDON BLVD., STORE #33</b> <b>KEY BISCAAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **4-29-02** DAYTIME PHONE # **(305) 365-2249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #