

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

04-16-2001 90262 039 ***150.00

DOCUMENT #- P00000082432

1. Entity Name

FREE ME-UP INVESTGATIONS INC.

Principal Place of Business

Mailing Address

PO BOX 170228
 MIAMI FL 33017-0228

PO BOX 170228
 MIAMI FL 33017-0228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1033161

Applied For

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

7. Name and Address of New Registered Agent

~~DAWKINS, ANTHONY~~
 7412 NW 22 AVE
 MIAMI FL 33147

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, 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	<input type="checkbox"/> Delete
NAME	DAWKINS, ANTHONY	
STREET ADDRESS	PO BOX 170228	
CITY-ST-ZIP	MIAMI FL 33017-0228	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, JOANN	
STREET ADDRESS	4430 NW 173 DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHEE, TENISHA	
STREET ADDRESS	4430 NW 173 DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEW, JOE	
STREET ADDRESS	PO BOX 170228	
CITY-ST-ZIP	MIAMI FL 33017-0228	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDUFFIE, LINDA	
STREET ADDRESS	4329 NW 171 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	Isabell Dawkins	<input type="checkbox"/> Delete
NAME	Isabell Dawkins	
STREET ADDRESS	7412 N.W. 22AVE	
CITY-ST-ZIP	MIAMI, FL 33147	

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		
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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 or other like empowerment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(10/00)