

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90031 023 \*\*\*150.00

**DOCUMENT # P00000101500**

1. Entity Name  
**WEBSITE, CORPORATION**

Principal Place of Business  
**2075 N.E. 164 ST., #804**  
**NORTH MIAMI BEACH FL 33162**

Mailing Address  
**2075 N.E. 164 ST., #804**  
**NORTH MIAMI BEACH FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2075 NE 164 ST #804**

3. Mailing Address

Suite, Apt. #, etc.  
**804**

Suite, Apt. #, etc.

City & State  
**NORTH MIAMI BEACH, FL**

City & State

4. FEI Number  
**65-1062443**

Applied For  
☐ Not Applicable

Zip  
**33162**

Country  
**USA**

Zip

Country

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

**SCHLAPPKOHL, MAX W**  
**2075 N.E. 164 ST., #804**  
**NORTH MIAMI BEACH FL 33162**

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

(NOTE: Registered Agent signature required when reinstating)

**04/04/02**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**SCHLAPPKOHL, MAX W**  
**2075 NE 164 ST & 804**  
**N. MIAMI BEACH FL 33162**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS**  
**ROVIRA, ASTRID**  
**2075 NW 164 ST & 804**  
**N. MIAMI BEACH FL 33462**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS**  
**ROVIRA, ASTRID**  
**2075 NE 164 ST # 804**  
**N. MIAMI BEACH FL 33162**  
☒ Change ☐ Addition

TITLE  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/04/02** **305 9474-849**  
Date Daytime Phone #

CR2E034 (9/01)