

CAPITAL CONNECTION

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05/19/04 12:01 PM 170 01/01

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037288

1. Entity Name

NOTBYCHANGE, INC.

FILED

04 MAY 21 AM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1011 5TH STREET

3. Mailing Address

1011 5TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

4. FEI Number

65-1098-18

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAURENCE FEINGOLD

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

407 LINCOLN ROAD #708

City

MIAMI BEACH

FL

Zip Code

33139

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IN THIS SPACE

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

Michael Pulver

5/19/04

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

TITLE	MICHAEL PULVER	TITLE	
NAME		NAME	
STREET ADDRESS	1011 5TH STREET	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH, FL 33139	CITY-STATE-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	PRESIDENT	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE500037625025
06/03/04--01032--013 **210.00

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 on an attachment with an address, with all other like empowered.

NATURE:

Michael Pulver

5/19/04 305-538-1686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PULVER

Date

Printing Name