

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91784 045 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045002

1. Entity Name  
CRUISINGFORLOVE.COM, INC.



Principal Place of Business  
9228 ARBORWOOD CIR  
FORT LAUDERDALE, FL 33328

Mailing Address  
9228 ARBORWOOD CIR  
FORT LAUDERDALE, FL 33328

✓ 11041556



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
190 CYPRESS TERRACE

Suite, Apt. #, etc.

3. Mailing Address  
190 CYPRESS TERRACE

Suite, Apt. #, etc.

City & State  
ROYAL PALM BEACH, FL

Zip  
33411

Country

City & State  
ROYAL PALM BEACH, FL

Zip  
33411

Country

4. FEI Number

☒ Applied For  
☒ Not Applicable

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

RICHARD J. POTASH, P.A.  
~~9228 ARBORWOOD CIR~~  
FORT LAUDERDALE, FL 33328

ANN ROTMAN  
190 CYPRESS TERRACE  
ROYAL PALM BEACH, FL  
33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ann Rotman*

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

(NOTE: Registered Agent's signature required when resigning.)

5/1/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DP  
ROTMAN, ANN  
9228 ARBORWOOD CIR  
FORT LAUDERDALE, FL 33328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ANN ROTMAN  
190 CYPRESS TERRACE  
ROYAL PALM BEACH, FL 33411 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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CITY- ST- ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ann Rotman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

561-204-5481

Daytime Phone

CR2E034 (10/02)