Apr 30 02 02:50p VICKEY SAUER 1-8

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91218 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065697

1. Entity Name
Love MADISON INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6828 W ATLANTIC BLVD
Suite, Apt. #, etc.
MARGATE FL
Zip 33069 County BROWARD

3. Mailing Address
6828 WATLANTIC BLVD
Suite, Apt. #, etc.
MARGATE FL
Zip 33069 County BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1117593
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SPIEGEL & UTRERA, PA
Suite/Apt. # (P.O. Box Numbers are not acceptable)
1840 SW 22ST
4 FLOOR
City MIAMI FL Zip 33145

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 _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RAUSCH, JONATHAN D 6828 W ATLANTIC BLVD MARGATE FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with all other like empowered.

SIGNATURE Jonathan Rausch 4/30/02 954-975-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date