

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91601 019 ***150.00

DOCUMENT # P01000078997

1. Entity Name

Pagestream Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 University Drive

Suite, Apt. #, etc.

Suite 208

City & State

Coral Springs, Florida

Zip

33071

Country

U.S.A.

3. Mailing Address

210 University Drive

Suite, Apt. #, etc.

Suite 208

City & State

Coral Springs, Florida

Zip

33071

Country

U.S.A.

4. FEI Number

65-1129091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rick Lopez

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

210 University Drive

Suite 208

City

Coral Springs

FL

Zip Code
33071

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

5-17-02
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 \$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	P/S/T Rick Lopez 210 University Drive #208 Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joe Andy 210 University Drive #301 Coral Springs, FL 33071
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**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: Richard Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-17-02

Daytime Phone #

9545758086