FILED Mar 25, 2002 8:00 am Secretary of State

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112263 1. Entity Name						Secretary of State					
FLOATIN	GMALL.COM, INC.	,				03-25-2002 90	0185 046	***150	0.00		
	·		_	<u></u>	<u></u>						
Principal Plac	e of Business	Mailing Address									
15574 SW 25 STREET MIRAMAR FL 33027		15574 SW 25 STREET MIRAMAR FL 33027									
						# 1 00 11 06 1 101 00 7 0 1 11 0 71 00 710 0	BEIBI KIERI III		I a a ni aa niin (aa i		
Principal Place of Business A. Mailing Address					-						
Cuito Alle	#, etc:										
					DO NOT WRITE IN THIS SPACE					_	
City & Stat	e	City & State				FEI Number 6 5 - 1/53585		<u> </u>	pplied For lot Applicable	,	
Zip	Country	Zip	Zip Country			Certificate of Status Desired		8.75 Ad		1	
	6. Name and Address of Current R	legistered Agent			7.	Name and Address of New Reg				┪.	
1401540	0.4701014			Name							
	, PATRICK V 25 STREET			Street Address	(P.O. E	Box Number is Not Acceptable)			 -	1	
	FL 33027		ľ							1	
				City			FL	Zip Coo	de		
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or regist	ered aç	gent, or both, in the State of Florid	da.				
SIGNATURE .											
JIONATONE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	: Registered	Agent signature requir	ed when r	einstating)	DATE				
	pration is eligible to satisfy its intangible	After May 1, 200		- +		10. Election Campaign Finan	icing	\$5.0	00 May Be	===	
-	requirement and elects to do so.	Make Check Payab			ate	Trust Fund Contribution.		Adde	d to Fees		
11.	OFFICERS AND C		12.	_ 	AC	DDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOP	·	٦,	
TITLE _E NAME	D DATBICK	☐ Delete	TITLE NAME				[Change	☐ Addition	10/0	
STREET ADDRESS	MONTAS, FATRION			T ADDRESS						2	
CITY ST-ZIP	MIRAMAR FL 33027		-	ST-ZIP						ا يا	
TITLE NAME	D Delete III						L	Change	☐ Addition	10	
STREET ADDRESS	15574 SW 25 STREET			T ADDRESS							
TITLE	MIRAMAR FL 33027	☐ Delete	TITLE	ST-ZIP				Change	☐ Addition	1	
NAME	D Lallemand, Myrna	L Delete	NAME	1			L		- 7 (Oddio)		
STREET ADDRESS CITY-ST-ZIP	15574 SW 25 STREET			T ADDRESS ST-ZIP							
TITLE	MIRAMAR FL 33027		TITLE	31-211			<u></u> -	Change_	Addition_	1	
NAME			⊒ #=\$AME	_	-						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	1	
NAME			NAME	T ADDRESS						}	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						}	
TITLE	<u> </u>	☐ Delete	TITLE					Change	Addition	1	
NAME			NAME	TADDDEEC							
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP							
13 Lhereby c	partify that the information cupolind with t	his filing doop not qualify for	the even		ostion	110 07/3)/i) Elorido Statutos I fu	rthor partifi	that that	nformation .	1	

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 receiper 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: 4

GNATURE AND TYPED OR PAINTED WARE OF SIGNING OFFICER OR DIRECTOR

/3-/1-02 / 9544305401