

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0408996 AV

DOCUMENT # P02000056131

1. Entity Name
DEAFDATES.COM, INC.



05-02-2003 90127 037 ***150.00

Principal Place of Business
400 VIA LUGANO CIR #202
BOYNTON BEACH FL 33436

Mailing Address
400 VIA LUGANO CIR #202
BOYNTON BEACH FL 33436



2. Principal Place of Business
1502 BELMONT PLACE

3. Mailing Address
1502 BELMONT PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach FL

City & State
Boynton Beach FL

4. FEI Number
03-0450795

Applied For
Not Applicable

Zip
33436

Country
USA

Zip
FL

Country
33436

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

MARAIS, ANDRE
400 VIA LUGANO CIR #202
BOYNTON BEACH FL 33436

Name
Christiaan marais
Street Address (P.O. Box Number is Not Acceptable)
1502 Belmont Place

City
Boynton Beach FL Zip Code
33436

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

(NOTE: Registered Agent signature required when reinstating)

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
D
MARAIS, CHRISTIAAN H
400 VIA LUGANO CIR #202
BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)