2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000073411



FILED
Mar 19, 2003 8:00 am §
Secretary of State

	me IP.COM, INC.					03-19-2003 90385 0 03-19-2003 90385 0		
Principal Place of Business 9010 SOUTHWEST 137TH AVENUE SUITE 223 MIAMI FL 33186		Mailing Address 9010 SOUTHWEST 137TH AVENUE SUITE 223 MIAMI FL 33186						
2. Principal Place of Business		-3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKIN	G CHANGES		
City & State		City & State			4.	FEL Number 2701437	}	oplied For
Zip	Country	Zip	Cour	itry	5. (Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. N	Name and Address of New Registered		
		•		Name				
	& UTRERA, P.A. 22ND ST.		Street Address (s (P.O. B	ox Number is Not Acceptable)		
4TH FLO		•				· 017-74		
MIAM! FL			City			Zip Cod	е	
8. The above	e named entity submits this statement f	for the purpose of changing its	s register	 ed office or regis	tered age	ent, or both, in the State of Florida. I am		and accept
the obliga	ations of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered agen		E: Registere	d Agent signature requ	ired when re	einstating) DATE		
	FILE-NOW!II-FEE IS \$150.00		E: Registere	d Agent signature requ	ired when re		\$5.0	Nav Re
Afte			E: Registere	d Agent signature requ	ired when re	9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
Afte	FILE-NOW!!!_FEE_IS_\$150.00 er May 1, 2003 Fee will be \$550.00	of State	E: Registere	d Agent signature requ	P	9. Election Campaign Financing	ا Added	I to Fees
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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 the empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition