FILED
Jun 18, 2003 8:00 am
Secretary of State

06-02-2003 90184 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P02000104015 (L)

1. Entity Name
FLORACLUB.COM, INC.

[redacted]

Principal Place of Business	Mailing Address
16299 NW 11TH ST PEMBROKE PINES FL 33028	16299 NW 11TH ST PEMBROKE PINES FL 33028

2. Principal Place of Business	3. Mailing Address
8100/01 W. Okeechobee RD	16299 NW 11 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Gardens, FL	City & State: Pembroke Pines FL
Zip: 33016 Country: USA	Zip: 33028 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0125874 ☐ Applied For ☐ Not Applicable

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
FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 6-15-03
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	DPS ☐ Delete BLACK, MICHAEL 16299 NW 11TH ST PEMBROKE PINES FL 33028	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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] REQUIRED 5-28-03 786-229-7859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

[redacted]

P02000104015

55048885

5/28/03

FLA. DEPT. OF STATE

This report just came to my attention, as soon as I received what it was I read + mailed it to you. Please excuse me being late. It was never my intention, it was put w. the other things for my CPA in New York. Again, Im sorry, Please excuse me.

Yours truly

Michael Black

Florachub.com, Inc