

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003906

1. Entity Name

FLOATLINE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90281 033 ***150.00

Principal Place of Business	Mailing Address
2270 N.W. 87 TERRACE #216 PEMBROKE PINES FL 33024 US	P.O. BOX 840509 #216 PEMBROKE PINES FL 33084-2509 US

2. Principal Place of Business	3. Mailing Address
2001 SW 101 AV. Suite, Apt. #, etc. BAY "H"	POB 840509 Suite, Apt. #, etc. —

City & State	City & State
MIRAMAR - FL	PEMBROKE PINES
Zip	Country
33025 BROWARD	33084 BROWARD

4. FEI Number	Applied For
65-0471792	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORENO, JOSE 2270 N.W. 87 TERRACE PEMBROKE PINES FL 33024	Name MORENO, JOSE Street Address (P.O. Box Number is Not Acceptable) 2270 N.W. 87 TERRACE City PEMBROKE PINES FL Zip Code 33024

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD MORENO, JOSE M 2270 N.W. 87 TERRACE PEMBROKE PINES FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD GUIDINO, ROMULO L. R 2270 N.W. 87 TERRACE PEMBROKE PINES FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE MORENO 4/24/00 954-4388229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)