

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000043549**

1. Entity Name

**MY GAY, INC.****FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90153 023 \*\*\*150.00

Principal Place of Business

Mailing Address

**ONE SOUTHEAST 3RD AVE.  
SUITE 2130  
MIAMI FL 33131  
US****ONE SOUTHEAST 3RD AVE.  
SUITE 2130  
MIAMI FL 33131-1716  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0504144**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COPROLITE CORPORATION  
ONE SOUTHEAST 3RD AVE.  
SUITE 2130  
MIAMI FL 33131**

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.

SIGNATURE

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

(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) ☒**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. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VT	JACKSON, CARLA	1 S E 3RD AVENUE, SUITE 2130							
		MIAMI FL								
	S	CALVERT, YVONNE	1 S E 3RD AVENUE, SUITE 2130							
		MIAMI FL								
	PD	MURPHY, PATRICK	1 S E 3RD AVENUE, SUITE 2130							
		MIAMI FL								

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Sec. 2/1/00 305-377-9353**  
**Yvonne Calvert**