

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P95000089967

1. Entity Name

1ST PAGE INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

04-23-2000 90064 041 ***150.00

Principal Place of Business 4525 N.W. 8TH AVE. FT. LAUDERDALE FL 33309	Mailing Address 4525 N.W. 8TH AVE. FT. LAUDERDALE FL 33309-3936
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0627380	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ONEAL, MICHAEL L 22809 MAROELLA CIR BOCA RATON FL 33433	7. Name and Address of New Registered Agent Name: GARCIA, GUADALUPE T. Street Address (P.O. Box Number is Not Acceptable): 4525 N.W. 8TH AVE City: FT. LAUDERDALE FL Zip Code: 33309
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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: Guadalupe T. Garcia DATE: 5-10-00
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, MICHAEL 4525 N.W. 8TH AVE. FT. LAUDERDALE FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GARCIA, GUADALUPE T. 4525 N.W. 8TH AVE FT. LAUDERDALE FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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: Guadalupe T. Garcia DATE: 3-29-2000 DAYTIME PHONE #: 954-776-5713
(Signature and typed or printed name of signing officer or director)

CR2004 (9/99)