

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90007 048 ***150.00

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DOCUMENT # P97000013516

1. Entity Name
1 INSIDE, INC.



Principal Place of Business
8635 NW 54TH STREET
MIAMI FL 33166

Mailing Address
3144 McDONALD ST
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3595 LOQUAT AVE.

City & State
COCONUT GROVE, FL

4. FEI Number **65-0733511**
 Applied For
 Not Applicable

City & State
COCONUT GROVE, FL

Zip **33133** 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

CONDE, JOE
8635 NW 54TH STREET
MIAMI FL 33166

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD CONDE, JOE**
 STREET ADDRESS **8635 NW 54TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VSTD NEARNS, BOBBIE J**
 STREET ADDRESS **8635 NW 54TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01 (305) 442 8618
 Date Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
A00861553

11NSIDE Inc.
3595 Loquat Ave.
Coconut Grove, FL 33133

1 Inside Inc.

September 11, 2001

Florida Department of State
Division of Corporations

Dear Sir or Madam:

P970000013516

In accordance with a phone conversation with your office, I am enclosing a check for \$150.00 for the 2001 UBR. Please note that we had an address change this year and did not receive the first notice. Thank you for your attention to this matter.

Sincerely,

