

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000086880**

1. Entity Name

**UPSCALE, INC.**

FILED

00 MAR 10 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9660 W BAY HARBOR DR, STE 5-D  
MIAMI FL 33154

9660 W BAY HARBOR DR, STE 5-D  
MIAMI FL 33154-2002

2. Principal Place of Business

3. Mailing Address

1025 Kane Concourse Ste 210

9660 W Bay Harbor Dr. Ste 5D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami

Miami

City & State

City & State

FL

FL

Zip  
33154

Country  
Dade

Zip  
33154

Country  
Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0789751**

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

**FEULNER, DANNY DAVID**  
9660 W BAY HARBOR DR, STE 5-D  
MIAMI FL 33154

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

*Gayonne Dinkler*

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	<b>D</b> <b>FEULNER, DANNY DAVID</b> 9660 W BAY HARBOR DR, STE 5-D MIAMI FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400003177814--1</b> -03/21/00--01078--008 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DINKLER, GAYONNE</b> 9660 W BAY HARBOR DR, APT 5D MIAMI FL 33154 <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:

*Gayonne Dinkler*

2/10/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

**KE**