


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 014 ***150.00

DOCUMENT # D97000087382
1. Entity Name
FLORIDA FORECLOSURES ONLINE CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19910 SW 81 CT
Suite, Apt. #, etc.

3. Mailing Address
19910 SW 81 CT
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0824575

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name
RICHARD CAPPELLETTI

Street Address (P.O. Box Number is Not Acceptable)
19910 SW 81 CT

City
MIAMI FL Zip Code
33189

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] RICHARD CAPPELLETTI 5/1/2003
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. PRESIDENT OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RICHARD CAPPELLETTI</u> <u>19910 SW 81 CT</u> <u>MIAMI FL 33189</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other officers empowered.

SIGNATURE: [Signature] RICHARD CAPPELLETTI 5/1/2003 305 538-3881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)