## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION -ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000091542

1. Corporation Name

HOW TO DIVORCE, INC.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 011 \*\*\*300.00



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Principal Place of Business Mailing Address							i immilient tim imige sores unter anter	8E:11 88119 18181 11	<b>J 1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1818 1181 1881
1050 STILLWATER DRIVE 1050 STILLWATER DRIVE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141							DO NOT WRITE	E IN THIS SPAC	CE	
	,					3.	Date Incorporated or Qualifed			
							10/26/1998			
Principal Place of Business     2a. Mailing Address							4. FEI Number			lied For
21									Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, e						5	Certificate of Status Desired		3.75 <sub>-</sub> Ad	
27 27									Fee Req	
City & State	e	City & State				6.	Election Campaign Financing		<b>5.00</b> ∧	
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	¬ - '				8. This corporation owes the current year Intangible Personal Property Tax.			ا ۱۸۲	
24	9. Name and Address of Current		30	г	-	10.	Name and Address of New Re			
****	5. Name and Address of Current	Vedistelen våelit		81	Name		Traine and Traine			
DUB	LINO, JENNIFER	•						(a.)		<del>i</del>
	STILLWATER DRIVE			82	Street Addre	ess (F	P.O. Box Number is Not Acceptable	e)		
MAN	/II BEACH FL 33141			83					,	
									7:- 0	
				84	City			FL 85	'	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registred agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								egistered istered		
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Stati	utes.	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agen	nt signature required	d when r	reinstating)	DATE		]
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR	
TITLE	director	☐ DELETE .	1,1 TI	TLE					Change	Addition
NAME	Jennifer Dublino 1050 stillwater D	2.10	1.2 N	AME						
STREET ADDRESS	1050 Stillwater D	TIVE	1.3 \$	TREET	T ADDRESS		,			
CITY-ST-ZIP	miami Beach F	1 33141	1.4 CI	TY-S	T-ZIP					
TITLE	Di Cector DELETE			TLE				□(	Change	Addition
NAME	Brenda Abraw	13 # 129	22N					ŕ		
STREET ADDRESS	3109 Grand 141	109 Grand Avenue #139 23		2.3 STREET ADDRESS						ł
CITY-ST-ZIP	Coconut Grove,	H 20100 "	2. 4 CITY-		ST-ZIP	·	<u> </u>		Change -	- Addition
TITLE	, ,	☐ DELETE	3.1 TITLE				•	ה	, natiye	☐ Youngii.
NAME			3.2 NAME		1					
STREET ADDRESS		•	3.3 STREE		i					
CITY-ST-ZIP			3.4. CITY - S		ST-ZIP			רוו	Change,	☐ Addition
TITLE	· .	☐ DELETE	4.1 TITLE					۱۰۱	Alange,	L.J Addition
NAME			4. 2 NAME							
STREET ADDRESS	:		4.3 STREÉ					٠.,		ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5		T-ZIP				Change	Addition
TITLE		C: Nereie	5.1 TITLE 5.2 NAME					٠.		ا انعقداد ا
NAME	٠.				T ANDRESS					
STREET ADDRESS				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						}
CITY-ST-ZIP			3.4 C	11.0	1-24"					

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment will any address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition