2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-22-2001 90014 041 ***150.00

DOCUMENT # P96000100017

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[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name

Wallabaabe, Inc.

Principal Place of Business
701 Brickell Key Dr. Suite 201
Miami, FL 33131

Mailing Address

2. Principal Place of Business
2 Grove Isle Drive
Suite, Apt. #, etc.: Suite 203
City & State: Coconut Grove, FL
Zip: 33133 Country: USA

3. Mailing Address
2 Grove Isle Drive
Suite, Apt. #, etc.: Suite 203
City & State: Coconut Grove, FL
Zip: 33133 Country: USA

4. FEI Number: 65-0880933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Iris Lipton Raderman
701 Brickell Key Drive
Suite 201
Miami, FL 33131

7. Name and Address of New Registered Agent

Name: Iris Lipton Raderman
Street Address (P.O. Box Number is Not Acceptable): 2 Grove Isle Drive
Suite 203
City: Miami FL Zip Code: 33133

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: Iris Lipton Raderman
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, 2001 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	President Iris Raderman 2 Grove Isle Drive #203 Coconut Grove, FL 33133	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Mg~~ Vice-President Myrna Mirow 2713 Juniper Ave Boulder CO 80304	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Iris Lipton Raderman 4-29-01 305 8540460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)