

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000030416

1. Entity Name

UPSIDE INVESTMENTS, INC.

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-09-2000 90089 024 ***150.00

Principal Place of Business
1570 MADRUGA AVE., STE. 211
CORAL GABLES FL 33146

Mailing Address
1570 MADRUGA AVE., STE. 211
CORAL GABLES FL 33146-3012
PO BOX 7073
DEER BEACH, FL 33445

2. Principal Place of Business
501 N.W. 1ST AVE

3. Mailing Address
501 N.W. 1ST AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, Florida

City & State
DEER BEACH, FL

Zip
33301

Country
USA

Zip
33445

Country
FLORIDA

4. FEI Number
690909333

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GLASSBERG, DAVID M
1570 MADRUGA AVE., STE. 211
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Name: Steve Case
Street Address (P.O. Box Number is Not Acceptable)
501 N.W. 1ST AVE
City: Ft. Lauderdale FL Zip Code: 33301

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: David M. Glassberg / David Glassberg DATE: 11/15/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETMOR, WENDY		NAME		
STREET ADDRESS	1570 MADRUGA AVE., STE. 211		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felix Salcedo		NAME		
STREET ADDRESS	501 N.W. 1ST AVE		STREET ADDRESS		
CITY-ST-ZIP	Ft. Lauderdale, FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Felix Salcedo DATE: 11/15/00 DAYTIME PHONE #: (954) 535-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)