

**2001 UNIFORM BUSINESS REPORT (UBR)**

P99000036644

01/7/01 5/01

DOCUMENT # **P99000036644**

1. Entity Name  
**PRICEANDGO.COM, INC.**

Principal Place of Business  
**9725 SW 64TH STREET  
MIAMI FL 33173-1435**

Mailing Address  
**P.O. BOX 831892  
MIAMI FL 33283-1892**

**FILED**  
**01 AUG 16 AM 7:52**

SECRETARY OF STATE  
STATE OF FLORIDA



3/8/01 90085 001 - 150.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10240 SW 56 ST  
Suite, Apt. #, etc.  
SUITE 101  
City & State  
MIAMI, FLA**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
Zip  
Country

4. FEI Number **65-0913180**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SQUILLANTE, JOHN E  
9725 SW 64TH STREET  
MIAMI FL 33173-1435**

7. Name and Address of New Registered Agent  
Name **SQUILLANTE, John E**  
Street Address (P.O. Box Number Is Not Acceptable)  
**10240 SW 56 ST  
Suite 101**  
City **MIAMI** FL Zip Code **33165**

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 **JOHN SQUILLANTE** 7/31/01 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		<input type="checkbox"/> Delete
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SQUILLANTE, JOHN E</b>	
STREET ADDRESS	<b>9725 S.W. 64TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173-1435</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SQUILLANTE, John E.</b>		
STREET ADDRESS	<b>10240 SW 56 ST, SUITE 101</b>		
CITY-ST-ZIP	<b>MIAMI, FLA 33165</b>		
TITLE	<b>VD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>SQUILLANTE, JASON R.</b>		
STREET ADDRESS	<b>10240 SW 56 ST, SUITE 101</b>		
CITY-ST-ZIP	<b>MIAMI, FLA 33165</b>		
TITLE	<b>STD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>SQUILLANTE, MARK D.</b>		
STREET ADDRESS	<b>10240 SW 56 ST, SUITE 101</b>		
CITY-ST-ZIP	<b>MIAMI, FLA 33165</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: **JOHN SQUILLANTE** 7/31/01 DATE **305-275-9943** DAYTIME PHONE #