

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000039331**

1. Entity Name

FLORIDABYOWNER.COM, INC.**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90185 001 ***450.00

Principal Place of Business

Mailing Address

~~5975 SUNSET DR., STE. 305~~
~~S. MIAMI FL 33143~~~~5975 SUNSET DR., STE. 305~~
~~S. MIAMI FL 33143~~**PLEASE NOTE ADDRESS CHANGE**

2. Principal Place of Business

12120 SW 68 Ct.

Suite, Apt. #, etc.

3. Mailing Address

12120 SW 68 Ct.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0928283

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SHAUGHNESSY, MICHAEL W**~~5975 SUNSET DR., STE. 305~~ 12120 SW 68 Ct.~~S. MIAMI FL 33143~~ Miami, FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **MICHAEL W. SHAUGHNESSY****4/27/00**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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, 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	D	<input type="checkbox"/> Delete
NAME	SHAUGHNESSY, MICHAEL W	
STREET ADDRESS	5975 SUNSET DR., STE. 305 12120 SW 68 Ct.	
CITY-ST-ZIP	S. MIAMI FL 33143 Miami, FL 33156	

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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.

Michael W. Shaughnessy**4/27/00****(305) 665-3000****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)