

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90026 013 \*\*\*150.00

**DOCUMENT # P99000049362**

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

Principal Place of Business  
**10365 NW 32ND PLACE**  
**MIAMI FL 33147**

Mailing Address  
**10365 NW 32ND PLACE**  
**MIAMI FL 33147**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**90 NE 41st #3**  
 Suite, Apt. #, etc.  
**#3**

3. Mailing Address  
**P.O. Box 371653**  
 Suite, Apt. #, etc.

City & State  
**Miami FL**  
 Zip  
**33137** Country  
**USA**

City & State  
**Miami FL**  
 Zip  
**33137** Country  
**USA**

4. FEI Number **65-0927560** Applied For  
 Not Applicable

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**

**SPIRITI, JOSEPH A JR. ESQ**  
**555 NE 15TH STREET**  
**SUITE 725**  
**MIAMI FL 33132**

Name **J. L. McArthur**  
 Street Address (P.O. Box Number is Not Acceptable)  
**90 NE 41st Suite #3**  
 City **Miami** FL Zip Code **33137**

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 DATE **4/30/01**  
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCARTHUR, JACQUELINE</b> <b>10365 NW 32ND PLACE</b> <b>MIAMI FL 33147</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: DATE **4/30/01** DAYTIME PHONE # **305-962-3970**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)