

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000057097**

1. Entity Name

SINGLES LOVE CONNECTION.COM, INC.**FILED**
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90021 025 ***150.00

Principal Place of Business

**3741 NE 163RD ST. SUITE 123
NORTH MIAMI BEACH FL 33160**

Mailing Address

**GELBER & COMPANY
285 N.W. 199TH STREET, #204
MIAMI FL 33169**

2. Principal Place of Business

**GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169
305-651-8000**

Suite, Apt. #, etc.

City & State

City & State

305-651-8000

Zip

Country

Zip

Country

4. FEI Number **65-0929812**

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

**AUGENSTEIN, COREY
3741 NE 163RD ST, SUITE 123
NORTH MIAMI BEACH FL 33160**

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

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	P	<input type="checkbox"/> Delete
NAME	AUGENSTEIN, COREY	
STREET ADDRESS	3741 NE 163 ST., STE 123	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)