

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90285 017 ***150.00

0269154 AV

DOCUMENT # P99000057097

1. Entity Name

SINGLES LOVE CONNECTION.COM, INC.

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

3. Mailing Address

GELBER & COMPANY

**1450 Interchange Circle North
 Miramar, Florida 33025**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0929812

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2002 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** ☐ Delete
 NAME: **AUGENSTEIN, COREY**
 STREET ADDRESS: **3741 NE 163 ST., STE 123**
 CITY-ST-ZIP: **N. MIAMI BEACH FL 33160**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
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 CITY-ST-ZIP: ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02

3059475715

CR2E034 (9/01)