2000	UNIFORM BUSI	NESS REPO	rt (ub	61.25		
DOCUN 1. Entity Name	MENT # <i>P99000</i>	037101	-			
Onl	ine Services of M	iami, Inc.	•	E'11		
				SECRETARY OF		
Principal Place	e of Business	Mailing Address -		AUG		
1995 E. Cakbard Park Blvd. SAME Suite 350				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Pla	land Hark, FL 33306	3. Mailing Address				
1995	E. Caklandtk. Blvd.	SAME Suite, Apt. #, etc.	-	DO NOT WRITE IN THIS SPACE		
Suite, Apt. #	#, eic. 	Suite, Apr. #, etc.				
City & State	J Park	City & State		4. FEI Number Applied For Not Applicable		
333c	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
95 JC	6. Name and Address of Current	 Registered Agent		7. Name and Address of New Registered Agent		
- Dana	M. Ballup, Eso.		_ Name-			
Dana-M. Gallup, Esq. Law Offices of Dana M. Gallup, P.A. 1995 E. Oakland Pk. Blvd., Ste. 350			Street	Street Address (P.O. Box Number is Not Acceptable)		
1995	E. Oakland Pk.Blv	d., ste. 350				
Oak	land Park, FL 33306	,	City	FL Zip Code		
8. The above	named entity submits this statement for	r the purpose of changing its	s registered office of	e or registered agent, or both, in the State of Florida.		
SIGNATURE China MICH. WILD DANG M. CAZIND 8/9/00						
SIGNATURE _	Signature, typed or printed name of registered agent a	title if applicable. (NOT	TE: Registered Agent signs	insture required when reinstating) DATE		
	ration is eligible to satisfy its Intangible equirement and elects to do so.		III FEE IS \$150 300 Fee will be \$	10. Election Campaign Financing \$5.00 May Be		
•	a on back)	Make Check Payal		ent of State		
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Presiden		
TITLE NAME	George Papapostolo	L Delete	NAME	John D. Harristk. Blud., Ste. 350 Cakland Park, FL 33306		
STREET ADDRESS CITY-ST-ZIP	George Papapostolo 1342 Colonial Blvd Fort Myers, FL 3	3901	STREET ADDRESS CITY-ST-ZIP	Caklard Park, FL 33306		
TITLE		☐ Delete	TITLE	Change Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS	ss		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	. TITLE NAME	Change Addition		
STREET ADDRESS			STREET ADDRESS	38		
CITY-ST-ZIP TITLE	•	Delete	CITY-ST-ZIP	Change Addition		
NAME		□ Delete	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	· 	☐ Delete	TITLE	Change Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS	題第15年 2000 0334か692ー元8・15 s 15-08/07/00010025-016 エロ		
CITY-ST-ZIP			CITY-ST-ZIP.	**************************************		
NAME		☐ Delete	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	SS AUG 7 2000		
13	ertify that the information symplied with	this filing does not qualify for	or the exemption st	stated in Section 119 07/3)(i) Florida Statutes Lighther certify that the information		
indicated on this report of supplemental report is true and that my signature shall have the same legal effect as i made under oath; that I am an officer or director of the corporation or the receiver of trustee emporement is true emporement 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.						
_		Mh In.	1	(11/ 7/80 (acu) 514-nnc		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						