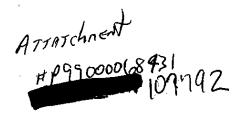
8/1

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUN 1. Entity Name URL4RE		P		Aug 22, 2000 8:00 am Secretary of State 08-10-2000 90004 047 ***150.00						
Principal Place of Business 2701 SO. BAYSHORE DRIVE SUITE 606 MIAMI FL 33133		Mailing Address 2701 SO. BAYSHORE DRIVE SUITE 606 MIAMI FL 33133			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	i 1611) 1611/ 02/11 S	1 111 33173 1 111	Di 1816: 2116 12	MI r ia 8 4 1 (11 1)	
2. Principal Place of Business		3. Mailing Address 11 28 BROADWRY								
Suite, Apt. #, etc.		Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE						,
City & State		State LONA DY Zip Country		4. FI	5-094	0613		No	oplied For ot Applicable	-
Zip	Country 6. Name and Address of Current	0010	COUNTY UCIA	<u> </u>	ertificate of State		<u> </u>	8.75 Add ee Require		<u> </u>
<u></u>		Hegistered Agents	Name		arre bila Acce	as or new neg	respice A	<u> </u>		1
HAMMONS, FOY H 2701 SO. BAYSHORE DRIVE SUITE 606			Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
	IE 606 VII FL 33133		City				FL	Zip Cod	8	-
8. The above	named entity submits this statement fo	r the purpose of changing its reg	gistered office or regi	stered age	nt, or both, in th	State of Florid	la.		······································	1
SIGNATURE _	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE: Re	egistered Agent signature rec	pulsed when rein	natating)		DATE			
Tax filing re	vation is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After SEPTEMBER 13, 2 Make Check Payable	to Department of	State	Trust Fund	ampaign Finar I Contribution.		Addec	O May Be to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMONS, FOY H 2701 SO. BAYSHORE DRIVE MIAMI FL 33133	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADO	DITIONS/CHAN	GES TO OFFICE		DIRECTOR: ☐ Change	Addition	CR2E034 (5/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cefete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE -NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	_ · · · · =
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dalete	TITLE NAME STREET ADORESS CITY-ST-ZIP	_			_	Charipe	Addition	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				Change	Addition	
1	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trust is empty or on an attachment with an address of the control of the co	to a seed securate and that my	signature shall have required by Chapter	the same le 607, Florid	and that the str	hade under dat hat my name a	h; that I an ippears in	n an omcer	r Block 12 if	

July 28,2000



To Whom It May Concern

URL4RENT unfortunately did not receive the first notice for renewal of the corporation.

The mailing address had changed and the post office did not forward the mail to this address. Would you please be so kind and consider to wave the \$550.00 since this was not an attentional lapse

Thank you for your understanding and please find with this letter-the-renewal, and a check for \$150.00.

Dagman Pabricius