

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000071428**1. Entity Name
STREAMLINE CONCEPTS, INC.**FILED**
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90053 008 ***550.00

0117089 AT

Principal Place of Business
201 N.W. 7TH STREET
SUITE 105
MIAMI FL 33136Mailing Address
201 N.W. 7TH STREET
SUITE 105
MIAMI FL 33136**A0083642**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0948571**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BELL, JENNIFER
18840 NW 57TH AVE
102
HIALEAH FL 33015Name **Jennifer Bell**
Street Address (P.O. Box Number is Not Acceptable)
201 N.W. 7th Street
#105
City **Miami** FL **33136**

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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 **PD** ☐ Delete
NAME **BELL, JENNIFER,**
STREET ADDRESS **18840 NW 57TH AVE**
CITY-ST-ZIP **MIAMI FL 33014**TITLE **PD** ☒ Change ☐ Addition
NAME **Jennifer Bell**
STREET ADDRESS **201 N.W. 7th Street** **#105**
CITY-ST-ZIP **Miami, FL 33136**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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

8/29/01 786-777-0201
Date Daytime Phone #

CR2E034 (5/01)