

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90051 018 \*\*\*150.00

0189601 AV

**DOCUMENT # P990000088661**

**1. Entity Name**  
**ONLINE ENTERTAINMENT GROUP, INC.**

**Principal Place of Business**

**Mailing Address**

**701 BRICKELL KEY BLVD #1204**  
**MIAMI FL 33131**  
**US**

**P.O. BOX 770564**  
**CORAL SPRINGS FL 33077**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**16900 N. Bay Road**  
**Suite, Apt. #, etc.**  
**# 1808**

**3. Mailing Address**

**PO Box 770564**  
**Suite, Apt. #, etc.**

**City & State**

**Sunny Isles Beach, FL**

**City & State**

**CORAL SPRINGS, FL**

**Zip**

**33160**

**Country**

**USA**

**Zip**

**33077**

**Country**

**USA**

**4. FEI Number**

**65-0952304**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KOPPEL, LISA**

**701 BRICKELL KEY BLVD #1204**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

**Name**  
**LISA Koppel**

**Street Address (P.O. Box Number is Not Acceptable)**

**16900 N. Bay Road**  
**# 1808**

**City**

**Sunny Isles Beach,**

**FL**

**Zip Code**

**33160**

**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**

*Lisa Koppel*

**Lisa Koppel**

**2/14/02**

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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KOPPEL, LISA</b>	
<b>STREET ADDRESS</b>	<b>1933 COLONIAL DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRING FL 33071</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GOLDSTEIN, ERIC</b>	
<b>STREET ADDRESS</b>	<b>210 NW 123 WAY</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL SPRING FL 33071</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Lisa Koppel</b>	
<b>STREET ADDRESS</b>	<b>16900 N Bay Road #1808</b>	
<b>CITY-ST-ZIP</b>	<b>Sunny Isles Beach, FL 33160</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ERIC GOLDSTEIN</b>	
<b>STREET ADDRESS</b>	<b>16900 N Bay Road #1808</b>	
<b>CITY-ST-ZIP</b>	<b>Sunny Isles Beach, FL 33160</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Lisa Koppel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/02**

Date

**(305) 944-0775**

Daytime Phone #

CR2E034 (9/01)