

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095322

1. Entity Name

I LOVE FLORIDA.COM, CORP.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90003 047 ***150.00

Principal Place of Business

Mailing Address

349 NORTHEAST 46TH STREET
POMPANO BEACH FL 33064

349 NORTHEAST 46TH STREET
POMPANO BEACH FL 33064-4156

2. Principal Place of Business

3. Mailing Address

374 NE 45 ST
Suite, Apt. #, etc.

P.O. BOX 51466
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FLORIDA

City & State
LIGHTHOUSE POINT, FLORIDA

4. FEI Number
65-0959443

Applied For
Not Applicable

Zip
33064

Country
USA

Zip
33074

Country
USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
PAUL ALLOGGIAMENTO

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

374 NE 45 STREET

City
POMPANO BEACH FL Zip Code
33064

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 *Paul Alloggiamento*
Signature, typed or printed name of registered agent and title if applicable.

PAUL ALLOGGIAMENTO
PRESIDENT

4/6/00
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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALLOGGIAMENTO, PAUL
349 NORTHEAST 46TH STREET
POMPANO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WETTERGREEN, SHIREEN
349 NORTHEAST 46TH STREET
POMPANO BEACH FL 33064 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: *Paul Alloggiamento* PAUL ALLOGGIAMENTO 4/6/00 (954) 785-9783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)