

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90195 007 ***150.00

DOCUMENT # P 990000 953 22

1. Entity Name

I LOVE FLORIDA.COM, CORP.

Principal Place of Business

Mailing Address →

374 NE 45 ST.
 POMPAÑO BEACH, FL. 33064

P.O. BOX 5166
 LHP, FL. 33074

000061445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33074

USA

4. FEI Number

65-0959443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL ALLOGGIAMENTO
 374 NE 45 ST
 POMPAÑO BEACH, FL. 33064

Name

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

City

FL

Zip Code

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]

[Signature]

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

(NOTE: Registered Agent's fee is 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 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
 PRESIDENT
 PAUL ALLOGGIAMENTO
 374 NE 45 ST.
 POMPAÑO BEACH, FL. 33064 ☐ Delete

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

TITLE
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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
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/01 954-785-9783
 Date Daytime Phone #

CR2E034 (5/01)

JULY 30, 2001

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

ATTACHMENT

RE: I LOVE FLORIDA.COM, CORP.

P99000095322
B0061445

DEAR SIR,

MY NAME IS PAUL ALLOGGIAMENTO, PRESIDENT OF THE ABOVE CORPORATION.

I AM ENCLOSING A PAYMENT OF ONE HUNDRED FIFTY DOLLARS (\$150) FOR CORPORATE FILING FEE ALONG WITH FORM 2001 UNIFORM BUSINESS REPORT.

PLEASE ACCEPT THIS LATE PAYMENT AS PAYMENT IN FULL AS I NEVER RECEIVED MY TWO(2) RENEWAL NOTICES.

I BELIEVE THE STATE MAILED THEM TO P.O. BOX 5166 LHP, FL. 33074 INSTEAD OF P.O. BOX 51466 LHP, FL. 33074.

I NOTICED THE STATE HAD AN INCORRECT ADDRESS AS MY MAILING ADDRESS, WHEN VISITING YOUR WEBSITE.

AFTER DISCOVERING THE ERROR I ALERTED YOUR AGENT CANDERSON AND SHE PROMPTLY SENT ME THE ENCLOSED FORM WHICH I IMMEDIATELY COMPLETED AND AM NOW SENDING TO YOU.

ONLY CASH THE ENCLOSED PAYMENT IF YOU ACCEPT THIS PAYMENT AS BEING IN FULL; AS I CANNOT AFFORD TO PAY THE LATE FEE AND WOULD BE FORCED TO ABANDON THE CORPORATION.

THANK YOU

RESPECTFULLY YOURS,
Paul Alleggiamento
PAUL ALLOGGIAMENTO