

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90095 010 ***150.00

DOCUMENT # **P99000095322**

1. Entity Name **I LOVE FLORIDA.COM, CORP**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PAUL AILOGGIAMENTO**

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

374 N.E. 45 ST.

City **POMPANU 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 AILOGGIAMENTO**

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

(NOTE: Registered Agent signature required when reinstating)

5/28/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**
NAME **PAUL AILOGGIAMENTO**
STREET ADDRESS **374 NE 45 ST.**
CITY-ST-ZIP **POMPANU BEACH, FLA. 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT**
NAME **PAUL AILOGGIAMENTO**
STREET ADDRESS **374 NE 45 ST.**
CITY-ST-ZIP **POMPANU BEACH, FLA. 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY**
NAME **PAUL AILOGGIAMENTO**
STREET ADDRESS **374 NE 45 ST.**
CITY-ST-ZIP **POMPANU BEACH, FLA. 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER**
NAME **PAUL AILOGGIAMENTO**
STREET ADDRESS **374 NE 45 ST.**
CITY-ST-ZIP **POMPANU BEACH, FLA. 33064**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul Aloggiamento** **PAUL AILOGGIAMENTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02

Date

Daytime Phone #

CR2E034B (12/01)