

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90088 050 ***150.00

671351

DO NOT WRITE IN THIS SPACE

| | | | |
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| DOCUMENT # P99000098431 | | | |
| 1. Entity Name BUBBLES 2 GO, INC. | | | |
| Principal Place of Business 3085 LAKEWOOD CIR. WESTON FL 33332 | | Mailing Address 3085 LAKEWOOD CIR. WESTON FL 33332 | |
| 2. Principal Place of Business 2691 CYPRESS LAKE | | 3. Mailing Address P.O. BOX 267184 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State WESTON, FLA. | | City & State WESTON, FLA. | |
| Zip 33332 | | Zip 33326 | |
| Country U.S.A. | | Country U.S.A. | |
| 4. FEI Number 65-0964719 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent FISBOIN, MOISES 3085 LAKEWOOD CIR. WESTON FL 33332 | | | |
| 7. Name and Address of New Registered Agent 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 <i>Moises Fisboin</i> (NOTE: Registered Agent signature required when reinstating) DATE 01/04/01 | | | |
| 9. This corporation is eligible to satisfy its Intangible. Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | | | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD FISBOIN, MOISES 815 FALLING RD. WESTON FL 33326 <input type="checkbox"/> Delete | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Moises Fisboin</i> | | Date: 01/04/01 (954) 389-1331 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

CR2E034 (10/00)