2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000098431

1. Entity Name



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90123 001 ***150.00

BUBBLE	=8 2 GO,	INC.								
Principal Place of Business 2691 CYPRESS LANE WESTON FL 33332			PO	Mailing Address PO BOX 267184 WESTON FL 33326						
2. Principal Place of Business			3. Ma	3. Mailing Address						
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKINI	G CHANGE	S	
City & State			City	City & State			4. FEI Number 65-0964719 Applied For			
Zip		Country	Zip		Country			\$8.75 Ac	Not Applicable	4
	6. Name	and Address of Curr	ent Begieter	od Agent			5. Certificate of Status Desired	Fee Requir		
6. Name and Address of Current R				Name			7: Name and Address of New Registered Agent			
FISBOIN	i, moises									
	PRESS LAN	E				Street Address (P.O. Box Number is Not Acceptable)				
WESTON	N FL 33332									7
					City	-	FI	Zip Cod		-
8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.					egistered office o	or registered				
thesobliga	itions of regist	ered agent.	, ,	and the second second	agiotoroa omeo (n registered	agent, or both, in the State of Florida. I am	amiliar with	, and accept	
SIGNATURE										ľ
		or printed name of registered ag	ent and title if appl	icable. (NOTE: I	Registered Agent signa	store required wh	nen reinstating) DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0 Florida Departmen	00 t of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees	
10. OFFICERS AND			ID DIRECTOR	RS	11,		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	-
TITLE NAME	PTD Fisboin, I	MOICEC		☐ Delete	TITLE			☐ Change	Addition	18
STREET ADDRESS	2691 CYP	RESS LANE			NAME STREET ADDRESS					10/
CITY-ST-ZIP	WESTON				CITY-ST-ZIP					18
TITLE			"	☐ Delete	TITLE			☐ Change	Addition	CR2E034 (10/02
NAME STREET ADDRESS					NAME			onunge	L.) Addition	5
CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP					
TITLE				☐ Delete	TITLE			☐ Change	☐ Addition	-
NAME Street address					NAME				□ Mudwi0∏	
CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP					
TITLE		 -	*	□ Delete	TITLE	<u> </u>				
				- neiere	OTEL	1		Channe	☐ Addition	1

CITY-ST-ZIP 12. Thereby certify that the information supplied with the filing does not qualify to 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 trive 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 10 or Block 11 if

STREET ADDRESS

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TITLE

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☐ Delete

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SIGNATURE:

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition