2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am secretary of State DOCUMENT # **P99000107220** 1. Entity Name 05-17-2001 90383 031 ***150.00 CHOOZE.COM INCORPORATED Principal Place of Business Mailing Address 601 BRICKELL KEY DR., STE, 501 601 BRICKELL KEY DR., STE. 501 MIAMI FL 33131-2651 MIAMI FL 33131-2651 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0974867 Not Applicable Zip Country Zip Country --\$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTIERREZ, RENALDY J Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., STE. 501 MIAMI FL 33131-2651 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PHILLIPS, CINDY LEE NAME STREET ADDRESS STREET ADDRESS #235 MANDERIN DR., HARCLAND PARK CITY-ST-7IP CITY-ST-ZIP Maraval, Trinidad, W.I. TITLE SD ☐ Delete TITL F Change ☐ Addition NAME **ALEXION, THOMAS** NAME STREET ADDRESS STREET ADDRESS 53 LINGFIELD TERR., GOODWOOD PARK CITY-ST-ZIP CITY-ST-ZIP. DIEGO MARTIN, TRINIDAD, W.I. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GUTIERREZ, RENALDY J NAME STREET ADDRESS 601 BRICKELL KEY DR., STE. 501 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2651 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplier ental 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 of 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 atta

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

Renaldy J. Gutierrez 5/1/01 1305

CR2E034 (10/00)