

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90161 042 ***158.75

DOCUMENT # H65610

1. Entity Name

SAXON BUSINESS SYSTEMS, INC.

Principal Place of Business

Mailing Address

13925 N.W. 69 AVE.
 MIAMI LAKES FL 33014

13925 N. W. 60TH AVE.
 MIAMI LAKES FL 33014-3126
 US

711609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2560595

Applied

Not App

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABBATE, GLENDA
2690 WALKER'S WAY
FT. LAUDERDALE FL 33331

Name
ABBATE, FLORIO J.

Street Address (P.O. Box Number is Not Acceptable)
13925 NW 60TH AVE.

City
MIAMI LAKES

FL

Zip Code
33014

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.

FLORIO J. ABBATE

(NOTE: Registered Agent signature required when reinstating)

02/02/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 may
 Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ABBATE, GLENDA M. 2690 WALKERS WAY FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUNDS, J.H. 13925 N.W. 60 AVE. MIAMI LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ABBATE, FLORIO J. 2690 WALKERS WAY FT LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ABBATE, GLENDA 2690 WALKERS WAY WESTON, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOUNDS, JAMES <u>PLEASE DELETE</u>	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D ABBATE, FLORIO J. 13925 NW 60TH AVE. MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FLORIO J. ABBATE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIO J. ABBATE
 CHAIRMAN/PRESIDENT/DIRECTOR

02/02/00

Date

Daytime Phone #