## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000089884** Mar 13, 2000 8:00 am Secretary of State 1. Entity Name COUPON EXPRESS PLUS, INC. 03-13-2000 90069 004 \*\*\*150.00 Mailing Address Principal Place of Business 4491 STIRLING ROAD, SUITE 202 4491 STIRLING ROAD, SUITE 202 FT LAUDERDALE FL 33314 FT LAUDERDALE FL 33314-7534 HADRONA. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0625001 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 GOTTLIEB, JACK Street Address (P.O. Box Number is Not Acceptable) 4491 STIRLING ROAD, SUITE 202 FT LAUDERDALE FL 33314 City 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 DATE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTD ☐ Change TITLE Addition TITLE Delete GOTTLIEB, JACK NAME NAME 4491 STIRLING ROAD, SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33314 CITY-ST-7IP VSD Addition ☐ Channe TITLE Delete TITLE GOTTLIEB, JON NAME NAME 4491 STIRLING ROAD, SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33314 ☐ Change Addition Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

13. Thereby certify that the information supplied with this filling 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 or trustee empowere with an address, with all changed, or on an attachmen other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

3-8-2000

Daytime Phone #

CR2Fn34 (9/99)