

# 2001 UNIFORM BUSINESS REPORT (UBR)

0195327

DOCUMENT # F00000005310

1. Entity Name

RIGHTSPACE RIGHTPLACE, INC.

Principal Place of Business

3195 NORTH POWERLINE ROAD, SUITE 104  
POMPANO BEACH FL 33069

Mailing Address

3195 NORTH POWERLINE ROAD, SUITE 104  
POMPANO BEACH FL 33069

2. Principal Place of Business

1000 E Hillsboro Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Deerfield Beach, FL

Zip

33441

Country

Broward

3. Mailing Address

1000 E Hillsboro Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Deerfield Beach, FL

Zip

33441

Country

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNER, SCOTT E

3195 NORTH POWERLINE ROAD, SUITE 104  
POMPANO BEACH FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)

1000 E Hillsboro Blvd Suite 100

City

Deerfield Beach

FL

Zip Code

33441

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRENNER, SCOTT F	
STREET ADDRESS	3195 NORTH POWERLINE ROAD, SUITE 104	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KOPELMAN, MARC	
STREET ADDRESS	3195 NORTH POWERLINE ROAD, SUITE 104	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOROWITZ, HYMAN	
STREET ADDRESS	3195 NORTH POWERLINE ROAD, SUITE 104	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOROWITZ, BRIAN	
STREET ADDRESS	3195 NORTH POWERLINE ROAD, SUITE 104	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1000 E Hillsboro Blvd Suite 100
CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1000 E Hillsboro Blvd Suite 100
CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1000 E Hillsboro Blvd Suite 100
CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500004785175--8
CITY-ST-ZIP	-01/18/02--01058--013
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****558.75 *****558.75
STREET ADDRESS	AD
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/01

Date

954 596-5555

Daytime Phone #

CR2E034 (10/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 28 PM 4:00



DO NOT WRITE IN THIS SPACE

65-1040101

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional Fee Required**