

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 08:00 AM
Secretary of State

DOCUMENT # F95000001665

1. Entity Name
 QUIKBIZ INTERNET GROUP, INC.

Principal Place of Business 5310 N.W. 33 AVENUE SUITE 212 FORT LAUDERDALE 33309	FL	Mailing Address 5310 N.W. 33 AVENUE SUITE 212 FORT LAUDERDALE 33309	FL
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2. Principal Place of Business 6801 POWERLINE RD.	3. Mailing Address 6801 POWERLINE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33309	Country	Zip 33309	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITH ANDREW D
 5310 N.W. 33 AVENUE, SUITE 212
 FT. LAUDERDALE FL 33309
 US

7. Name and Address of New Registered Agent

Name
 BAWARSKY DAVID B
 Street Address (P.O. Box Number is Not Acceptable)
 5310 N.W. 33 AVENUE, SUITE 212
 City
 FT. LAUDERDALE FL Zip Code
 33309

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 DAVID BAWARSKY DATE 09/13/2000
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)

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 Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	T	<input type="checkbox"/> Delete	
NAME	GIRBACK KIRK		
STREET ADDRESS	6550 N. FEDERAL HIGHWAY, #250		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		
TITLE	S	<input type="checkbox"/> Delete	
NAME	BAWARSKY DAVID		
STREET ADDRESS	6184 VISTA LINDA DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33433		
TITLE	P	<input type="checkbox"/> Delete	
NAME	SMITH ANDREW DAVID		
STREET ADDRESS	20955 VISTA TERRACE		
CITY-ST-ZIP	BOCA RATON FL 33432		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAWARSKY DAVID		
STREET ADDRESS	6801 POWERLINE RD.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		
TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAWARSKY DAVID		
STREET ADDRESS	6801 POWERLINE RD.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: JAMES LOBEL

09/13/2000