

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006246

1. Entity Name **PURCHASING NECESSITIES, INC.**
 1221 BRICKELL AVE., SUITE 2600
 MIAMI FL 33131

FILED
Jan 20, 2000 8:00 am
Secretary of State
 01-20-2000 90218 020 ***158.75

Principal Place of Business
 1221 BRICKELL AVE., SUITE 2600
 MIAMI FL 33131

Mailing Address
 21346 ST. ANDREWS BLVD
 SUITE 193
 BOCA RATON FL 33433-2432

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4400 N. Federal Highway
 Suite, Apt. #, etc.
 50

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Boca Raton, FL
 Zip
 33431
 Country
 USA

City & State

4. FEI Number 36-3888689

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Harlan Miller
 Street Address (P.O. Box Number is Not Acceptable)
 21346 ST. Andrews Blvd Suite 193
 City Boca Raton FL Zip Code 33433

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 *Harlan Miller, President*
 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 PDST
 NAME MILLER, HARLAN
 STREET ADDRESS 21346 ST. ANDREWS BLVD. #193
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: *Harlan Miller, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
 Date

3057335743
 Daytime Phone #

CR2F034 (9/99)