

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002662

1. Entity Name

~~VENTURENOW, INC.~~ Groupnow, Inc.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90069 032 ***158.75

Principal Place of Business

516 NE 9TH AVENUE
 FORT LAUDERDALE FL 33301-1218

Mailing Address

516 NE 9TH AVENUE
 FORT LAUDERDALE FL 33301-1218

2. Principal Place of Business

2455 E. Sunrise Blvd.

3. Mailing Address

2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 511

Suite, Apt. #, etc.

Suite 511

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33304

Country

Broward

Zip

33304

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2145705

Applied For

Not Applicable

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

Name

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

2455 E. Sunrise Blvd.

Suite 511

City

Ft. Lauderdale

FL

Zip Code
 33304

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)

4/25/00

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 Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME DPT
 STREET ADDRESS SIMONETTI, DAVID J
 CITY-ST-ZIP 516 NE 9TH AVENUE
 FORT LAUDERDALE FL 33301-1218

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS 2455 E. Sunrise Blvd - Suite 511
 CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE ☐ Delete
 NAME VCP
 STREET ADDRESS ELENOWITZ, MARK H
 CITY-ST-ZIP 15245 SHADY GROVE ROAD, SUITE 400
 ROCKVILLE MD 20850-3295

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DS
 STREET ADDRESS TAUBMAN, LOUIS ESQ.
 CITY-ST-ZIP 39 BROADWAY, SUITE 2704
 NEW YORK NY 10006-3003

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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☐ Change ☐ Addition
 TITLE
 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 release, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(954) 233-4310

Daytime Phone #

CR2E034 (9/99)