

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002664

1. Entity Name

PROJIX CORPORATION

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90010 015 \*\*\*150.00

Principal Place of Business 516 NE 9TH AVENUE FORT LAUDERDALE FL 33301-1218	Mailing Address 516 NE 9TH AVENUE FORT LAUDERDALE FL 33301-1218
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2. Principal Place of Business 1700 NE 4th CT Suite, Apt. #, etc.	3. Mailing Address 1700 NE 4th CT Suite, Apt. #, etc.
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City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33301-1316	Country

4. FEI Number 52-2014717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SIMONETTI, DAVID J 516 NE 9TH AVENUE FORT LAUDERDALE FL 33301-1218
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7. Name and Address of New Registered Agent Name SIMONETTI, DAVID J. Street Address (P.O. Box Number is Not Acceptable) 1700 NE 4th CT City FORT LAUDERDALE FL Zip Code 33301-1316
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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 J. SIMONETTI, Pres. DATE 2/26/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SIMONETTI, DAVID J 516 NE 9TH AVENUE FORT LAUDERDALE FL 33301-1218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1700 NE 4th CT FORT LAUDERDALE, FL 33301-1316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSCHMIDT, CHRISTINA 516 NE 9TH AVENUE FORT LAUDERDALE FL 33301-1218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1700 NE 4th CT FORT LAUDERDALE, FL 33301-1316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE 2/26/00 DAY/PHONE # (754) 344-4310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR