

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005725

1. Entity Name

ADMISSION CONTROL.COM, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90252 017 ***150.00

Principal Place of Business
GALLERIA INTERNATIONAL 3000
301 CLEMATIS STREET, SUITE 122
WEST PALM BEACH FL 33401

Mailing Address
GALLERIA INTERNATIONAL 3000
301 CLEMATIS STREET, SUITE 122
WEST PALM BEACH FL 33401-4601

2. Principal Place of Business
Galleria International
Suite, Apt. #, etc.
301 Clematis St., Suite 3000
City & State
West Palm Beach, FL
Zip
33401 Country
U.S.A.

3. Mailing Address
Galleria International
Suite, Apt. #, etc.
301 Clematis St., Suite 3000
City & State
West Palm Beach, FL
Zip
33401 Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number *65-0906224* Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name *Howard S. Dargan*
Street Address (P.O. Box Number is Not Acceptable)
Galleria International
301 Clematis St., Suite 3000
City *West Palm Beach, FL* Zip Code *33401*

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 *Howard S. Dargan* (Howard S. Dargan, VP/S/T) 1/5/00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARGAN, HOWARD S		NAME		
STREET ADDRESS	301 CLEMATIS STREET, SUITE 122		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MALLEY, THOMAS A		NAME		
STREET ADDRESS	301 CLEMATIS STREET, SUITE 122		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Howard S. Dargan* (HOWARD S. DARGAN, VP/T/S) 1/5/00 (561) 655-5654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)