

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005966

1. Entity Name

NICECATCH.COM, INC.

FILED

Jan 14, 2000 8:00 am  
Secretary of State

01-14-2000 90037 011 \*\*\*150.00

Principal Place of Business

6502 NORTHWEST 66TH WAY  
PARKLAND FL 33067

Mailing Address

6502 NORTHWEST 66TH WAY  
PARKLAND FL 33067-1416

2. Principal Place of Business

6502 N.W. 66 WAY  
Suite, Apt. #, etc.

3. Mailing Address

6502 N.W. 66 WAY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PARKLAND, FL

Zip  
33067

Country

BROWARD

City & State

PARKLAND, FL

Zip  
33067

Country

BROWARD

4. FEI Number

65-0961053

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BERESFORD, PETER	6502 N.W. 66TH WAY	PARKLAND FL 33067	<input type="checkbox"/>
VS	DEEN, ENE	6502 N.W. 66TH WAY	PARKLAND FL 33067	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Peter Beresford*  
PETER BERESFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/2000

Daytime Phone #

954-757-2633

CR2E034 (9/99)