

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12952

1. Entity Name

INFORMA UNLIMITED, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90033 045 ***150.00

Principal Place of Business

Mailing Address

2700 N. 29TH AVENUE
SUITE 101
HOLLYWOOD FL 33020
US

2700 N. 29TH AVENUE
SUITE 101
HOLLYWOOD FL 33020-1513
US

2. Principal Place of Business

3. Mailing Address

1975F Stirling Rd
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

INFORMA Unlimited inc.

4. FEI Number

59-2679276

Applied For

Not Applicable

Zip 33004

Country Broward

Zip Country

www.computermachine.com

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1975F Stirling Rd.

7. Name and Address of New Registered Agent

Dania Beach, Florida 33004-2101

MILLER, EDWARD A.
2700 N. 29TH AVE
SUITE 101-102
HOLLYWOOD FL 33020

• (305) TOS-HIBA - (305) OKS DATA (854) 929-2500
Authorized Service & Repair

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 P
NAME MILLER, EDWARD AUSTIN
STREET ADDRESS 2839 MCKINLEY ST.
CITY-ST-ZIP HOLLYWOOD FL

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 02, 00 9549292500
Date Daytime Phone #

CR2E034 (9/99)