

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13083

1. Entity Name
ENGINEERED BUSINESS SYSTEMS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90073 039 ***150.00

Principal Place of Business
**1800 NW 49TH STREET
#100
FORT LAUDERDALE FL 33309
US**

Mailing Address
**1800 NW 49TH STREET
#100
FORT LAUDERDALE FL 33309
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0137999**

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

**FISCHER, HAROLD S
1800 NW 49TH ST
STE 100
FORT LAUDERDALE FL 33309**

Name
VITO A. BELLEZZA
Street Address (P.O. Box Number is Not Acceptable)
**1800 NW 49 ST.
SUITE 100
FT LAUDERDALE FL 33309**

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

Vito A. Bellezza

VITO A. BELLEZZA

4.17.01

Signature, typed or printed name of registered agent and fee, 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, 2001 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 checked="" type="checkbox"/> Delete |
|-------|---------------------------------|----------------|-------------|--|
| | PD | | | |
| | FISCHER, HAROLD S | | | |
| | 1800 NW 49TH ST | | | |
| | FORT LAUDERDALE FL 33309 | | | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------------------|----------------|-------------|--|-----------------------------------|
| | CEO | | | | |
| | VITO A. BELLEZZA | | | | |
| | 1800 NW 49 ST, STE 100 | | | | |
| | FT LAUDERDALE, FL 33319 | | | | |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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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:

Vito A. Bellezza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VITO A. BELLEZZA 4/17/01 (954) 229-5100

CR2E034 (10/00)