

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000001029

1. Entity Name
VIEWIT.COM LLC

00 MAY -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
500 S.E. MIZNER BOULEVARD, SUITE 102 500 S.E. MIZNER BOULEVARD, SUITE 102
BOCA RATON FL 33432 BOCA RATON FL 33432-6080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2255 GLADES ROAD 2255 GLADES ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 337W SUITE 337W
City & State City & State
BOCA RATON FL BOCA RATON, FL
Zip Country Zip Country
33431 USA 33431 USA

4. FEI Number 65-0927941 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BERNSTEIN, ELIOT I
STREET ADDRESS 500 S.E. MIZNER BOULEVARD, SUITE 102
CITY-ST-ZIP BOCA RATON FL 33432

TITLE MGR ☒ Change ☐ Addition
NAME BERNSTEIN, ELIOT I
STREET ADDRESS 2255 GLADES ROAD, SUITE 337W
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE MGR ☐ Delete
NAME BERNSTEIN, SIMON L
STREET ADDRESS 500 S.E. MIZNER BOULEVARD, SUITE 102
CITY-ST-ZIP BOCA RATON FL 33432

TITLE MGR ☐ Change ☐ Addition
NAME BERNSTEIN, SIMON L
STREET ADDRESS 2255 GLADES ROAD, SUITE 337W
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300003271803--0
STREET ADDRESS -05/31/00--01039--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)