

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001755

1. Entity Name

BEST BUDDIES JOBS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90027 007 \*\*\*\*70.00

Principal Place of Business

100 S.E. 2ND STREET, STE. 1900  
SUITE 1900  
MIAMI FL 33131  
US

Mailing Address

100 S.E. 2ND STREET, STE. 1900  
SUITE 1900  
MIAMI FL 33131-2158  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0477570

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHRIVER, ANTHONY K  
100 S.E. 2ND STREET, SUITE 1900  
MIAMI FL 33131

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME SHRIVER, ANTHONY K  
STREET ADDRESS 100 S.E. 2ND STREET, STE. 1900  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
NAME SHRIVER, ALINA  
STREET ADDRESS 100 S.E. 2ND STREET, SUITE 1900  
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
NAME FRIEDMAN, ROBERT J  
STREET ADDRESS C/O 701 BRICKELL AVE., STE. 3000  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE D ☒ Delete  
NAME FITZ-MORRISON, SALLY  
STREET ADDRESS 445 GRAND BAY DRIVE, STE #316  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☒ Addition  
NAME Cole, Lisa - Director  
STREET ADDRESS 4441 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33140

TITLE D ☐ Delete  
NAME GRIFFITH, CHRISTINA  
STREET ADDRESS NINE CAYUGA RD  
CITY-ST-ZIP SEA RANCH LAKES FL 33308

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

TITLE S ☐ Delete  
NAME NUEL, LAURIE  
STREET ADDRESS 5501 SW 105TH ST  
CITY-ST-ZIP MIAMI FL 33156

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #