

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90084 009 ****70.00

DOCUMENT # N94000001755

1. Entity Name
BEST BUDDIES JOBS, INC.



Principal Place of Business
100 S.E. 2ND STREET, STE. 1900
SUITE 1990
MIAMI FL 33131
US

Mailing Address
100 S.E. 2ND STREET, STE. 1900
SUITE 1990
MIAMI FL 33131
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 65-0477570

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

SHRIVER, ANTHONY K
100 S.E. 2ND STREET, SUITE 1990
MIAMI FL 33131

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **SHRIVER, ANTHONY K**
STREET ADDRESS **100 S.E. 2ND STREET, STE. 1990**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ **Delete**
NAME **SHRIVER, ALINA**
STREET ADDRESS **100 S.E. 2ND STREET, SUITE 1990**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ **Delete**
NAME **COLE, LISA**
STREET ADDRESS **4441 COLLINS AVE**
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 **S** ☐ **Delete**
NAME **NUELL, LAURIE**
STREET ADDRESS **5501 SW 105TH ST**
CITY-ST-ZIP **MIAMI FL 33156**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)